MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00806

CERTIFICATE OF DEATH

00801

1. DECEASED-NAME (Type or print) First: ROBIN Middle: NMN Last: Ambush

2a. DATE OF DEATH Month: JAN Day: 7 Year: 1969

2b. HOUR: 6:45 A.M.

3. SEX: F

4. RACE: Negro

5. DATE OF BIRTH: 19 Nov 67

6. AGE (In years last birthday): YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.

7a. BIRTHPLACE (State or foreign country): Md

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: FREDERICK Md.

10. CITY OR TOWN OF DEATH: FREDERICK

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): FREDERICK MEM

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md

13b. COUNTY: FRED

13c. CITY OR TOWN: FREDERICK

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: E. 7th St.

14. FATHER'S NAME First: Robert Middle: unn Last: DAVIS

15. MOTHER'S MAIDEN NAME First: MARY Middle: FRANCES Last: Ambush

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) VIRAL PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
480X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 20 Dec, 1968, to 7 Jan, 1969, that (I) ~~(we)~~ last saw the deceased alive on 6 Jan 1969, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: R L Guest MD DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 7 Jan 69

22d. PHYSICIAN'S NAME (Type): R.L. Guest

22e. ADDRESS: 6 W 3rd St, FREDERICK, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-9-69

23c. NAME OF CEMETERY OR CREMATORY: Fairview

23d. LOCATION (City or Town) (County) (State): Frederick Fred Md

24. FUNERAL DIRECTOR: C.E. Hicks, 111 Frederick, Md

ADDRESS

25a. RECD BY REGISTRAR DATE: JAN 9 1969

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A111 (R)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00807 00802

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print)	First: Kenneth	Middle: Hitchens	Last: Barncord
2a. DATE OF DEATH	Month: Jan.	Day: 14	Year: 69
2b. HOUR	4:10 P.M.		
3. SEX	Male		
4. RACE	White		
5. DATE OF BIRTH	July 17- 1913		
6. AGE (In years last birthday)	55 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	Md.		
7b. CITIZEN OF WHAT COUNTRY?	U. S. A.		
8.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		
9. COUNTY OF DEATH	Frederick Md.		
10. CITY OR TOWN OF DEATH	Frederick		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	603 Charles St.		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Supervisor- PBX		
12b. KIND OF BUSINESS OR INDUSTRY	Telephone Co.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.		
13b. COUNTY	Frederick		
13c. CITY OR TOWN	Frederick		
13d. INSIDE CITY LIMITS?	YES [X] NO [ ]		
13e. STREET AND NUMBER	603 Charles St.		
14. FATHER'S NAME	First: Royal	Middle: Price	Last: Barncord-Sr.
15. MOTHER'S MAIDEN NAME	First: Mary	Middle: Emma	Last: Deffinbaugh
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No	(If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	217- 05-0347		
17. INFORMANT	Frederick	Address: Md. 21701	
	Mrs. Agnes Barncord-603 Charles St.-		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic carcinoma of lung

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1621

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from December, 19 68, to 1/14, 19 69, that (I) (we) last saw the deceased alive on 1/14 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	James B. Thomas	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: Jan. 15-1969
22d. PHYSICIAN'S NAME (Type)	Dr. James B. Thomas	22e. ADDRESS: Prof. Bldg.-Frederick-Md. 21701	

23a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b. DATE: Jan. 17-1969	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City or Town) (County) (State)	Frederick- Md. 21701		
24. FUNERAL DIRECTOR	Elwood T. M.R.Etchison & Son	ADDRESS: Whitmore Frederick-Md.21701	
25a. REC'D BY REGISTRAR DATE	JAN 17 1969	25b. REGISTRAR'S SIGNATURE	J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1-74
30M REV. 7-68

1

00808

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00803

1. DECEASED-NAME (Type or print) First: George Middle: Dewey Last: Beachley	2a. DATE OF DEATH Month Jan Day 10 Year 1969	2b. HOUR 8 pm M	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 10, 1899	6. AGE (In years last birthday): 69 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Frederick	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Store Owner	12b. KIND OF BUSINESS OR INDUSTRY: Grocery
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Washington	13c. CITY OR TOWN: Knoxville	13d. INSIDE CITY LIMITS? YES [ ] NO [X] — 13e. STREET AND NUMBER: Route 2 Box 102
14. FATHER'S NAME First: Daniel Middle: H. Last: Beachley		15. MOTHER'S MAIDEN NAME First: Elizabeth Middle: Last: Sigler	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No	(If yes give war or dates of service): --------	16b. SOCIAL SECURITY NO.: 215-26-1876	17. INFORMANT: Mrs. Sharon Howie R.F.D. Frederick — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia, Urinary Tract infection — 2 mos

DUE TO, OR AS A CONSEQUENCE OF (b) Diabetes mellitus

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

2509

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [✓]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (~~this hospital~~) attended the deceased from 1/6, 1969, to 1/10, 1969, that (I) (we) last saw the deceased alive on 1/10 19 69, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert S. Hughes DEGREE	ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 1/11/1969	
22d. PHYSICIAN'S NAME (Type): Robert S. Hughes M.D.	22e. ADDRESS: 700 Montclaire Ave. Fred., Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 13, 1969	23c. NAME OF CEMETERY OR CREMATORY: St. Lukes Epis. Cem.	23d. LOCATION (City or Town) (County) (State): Brownsville Wash. Md.
24. FUNERAL DIRECTOR: Gladhill Co.	ADDRESS: Middletown, Md.	25a. REC'D BY REGISTRAR DATE JAN 14 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (1)
30M REV. 1/68

1

00809

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00804

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Mary, Middle Louise, Last Beard
2a. DATE OF DEATH: Month Jan, Day 27, Year 1969
2b. HOUR: 7:45 M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: July 2, 1896
6. AGE (In years last birthday): 72 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Hagerstown, Md.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: Box 257, Route # 10
14. FATHER'S NAME: First Luther, Middle David, Last Betts Sr.
15. MOTHER'S MAIDEN NAME: First Annie, Middle Victoria, Last Whitmore
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 578-12-8651B
17. INFORMANT: Mr. David G. Beard Box 257, R#10 Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Shock	24 hr
DUE TO, OR AS A CONSEQUENCE OF (b)	Ventricular Tachycardia	24 hr.
DUE TO, OR AS A CONSEQUENCE OF (c)	Atherosclerotic Heart Disease	year

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes mellitus

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Jan 26, 1969, to Jan 27, 1969, that (I) (we) last saw the deceased alive on Jan 27 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) did (did not) view the body after death.

22b. SIGNATURE: Henry V. Chase — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 27 Jan 1969
22d. PHYSICIAN'S NAME (Type): Henry V. Chase
22e. ADDRESS: 804 Toll House Frederick, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/29/69
23c. NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
23d. LOCATION (City or Town) (County) (State): Hagerstown-Washington-Md.
24. FUNERAL DIRECTOR: Wm. G. Horst — ADDRESS: Rest Haven Funeral Chapel Hagerstown, Md.
25a. REC'D BY REGISTRAR — DATE: JAN 31 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 45M - 1-69

1

008:0

00805

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers [illegible] and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Irene; Middle: H.; Last: Benchoff

2a. DATE OF DEATH: Month 1 Day 21 Year 69

2b. HOUR: 8:10 PM

3. SEX: female

4. RACE: caucasion

5. DATE OF BIRTH: 6/5/80

6. AGE (In years last birthday): 88 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Nursing Center

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Music teacher

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Frederick

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: Tower Apts. East Church St.

14. FATHER'S NAME: First: Thomas; Middle: H.; Last: Krebs

15. MOTHER'S MAIDEN NAME: First: Mary; Middle: G.; Last: Gray

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 100-26-2977A

17. INFORMANT: Mrs. M. Robert Ritchie Jr. Address: Jamsville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma colon

DUE TO, OR AS A CONSEQUENCE OF (b): Intestinal obstruction

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1538

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 6/15, 1968, to 1/21, 1969, that (I) (~~we~~) last saw the deceased alive on 1/21 1969, and that in (~~my~~) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J R Poirier

DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 1/21/69

22d. PHYSICIAN'S NAME (Type): J R POIRIER M.D.

22e. ADDRESS: Frederick Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/23/69

23c. NAME OF CEMETERY OR CREMATORY: Harbaugh

23d. LOCATION (City or Town) (County) (State): Washington Twp. Franklin Pa.

24. FUNERAL DIRECTOR: David Y. Shove

ADDRESS: Waynesboro Pa.

25a. REC'D BY REGISTRAR DATE: JAN 23 1969

25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (4) 45M - 1/69

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 7-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00806

1 DECEASED-NAME (Type or print) First: LEANORA	Middle: SIMPSON	Last: BOPST	2a DATE OF DEATH Month: January Day: 13, Year: 1969
2b HOUR: 9:30 a	3. SEX: Female	4 RACE: Caucasian	5. DATE OF BIRTH: April 23, 1883
6. AGE (In years last birthday): 85 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Frederick, Md
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hosp.	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Homemaker	12b KIND OF BUSINESS OR INDUSTRY: None
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Frederick	13c CITY OR TOWN: Rural	13d INSIDE CITY LIMITS? YES ☐ NO ☒
13e STREET AND NUMBER: Route # 1 Thurmont			
14 FATHER'S NAME First: John	Middle: A.	Last: Simpson	15. MOTHER'S MAIDEN NAME First: Mary
Middle: Catherine	Last: Pampell		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No	(If yes give war or dates of service): ----------	16b SOCIAL SECURITY NO.: 220-16-0390	17 INFORMANT: Mrs. Elmer R. Nikirk, Sr. Address: Rt.# 1 Thurmont, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART 1. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Similar to arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

4123

DUE TO, OR AS A CONSEQUENCE OF (b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 1957, 19____, to 1-13, 1969, that (I) (we) last saw the deceased alive on 12-23 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Rex R. Martin	DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 1-13-1969
22d. PHYSICIAN'S NAME (Type): Dr. Rex R. Martin M.D.	22e. ADDRESS: 220 N. Market Street Frederick, Md.	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-15-1969	23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	23d LOCATION (City or Town) (County) (State): Frederick, Frederick, Md.
24 FUNERAL DIRECTOR: Robert E. Dailey & Son	ADDRESS: Frederick, Maryland	25a. REC'D BY REGISTRAR DATE: JAN 14 1969	25b. REGISTRAR'S SIGNATURE: Charles Jacobs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

0081

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00607

1. DECEASED NAME (Type or print) First: Kermit Middle: I. Last: Brigman	2a. DATE OF DEATH Month: Jan Day: 6 Year: 1969	2b. HOUR 11:30 P.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Jan. 24, 1920	6. AGE (In years last birthday): 48 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): North Carolina	7b. CITIZEN OF WHAT COUNTRY?: U. S. A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Sheet Metal Worker	12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 1336 Taney Ave. Frederick, Md.
14. FATHER'S NAME First: Obediah Last: Brigman		15. MOTHER'S MAIDEN NAME First: Alice Middle: Last: Brite	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): W.W. #2	16b. SOCIAL SECURITY NO.: 243 14 2510	17. INFORMANT: Ronald D. Brigman, Address: 3804-70th Ave. Landover Hills Maryland

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

DIABETES MELLITUS

19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☒ NO ☐ | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 6 Jan, 1969, to 6 Jan, 1969, that (I) (we) last saw the deceased alive on 6 Jan 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry V. Chase M.D. DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐ — 22c. DATE SIGNED: 7 Jan 1969

22d. PHYSICIAN'S NAME (Type): Henry V. Chase — 22e. ADDRESS: 804 Toll House Ave. Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Jan. 10, 1969	Sharon Memorial Cemetery	Charlotte, N.C.

24. FUNERAL DIRECTOR: L. R. Etchison & Son, Frederick, Maryland — ADDRESS: Frederick

25a. REC'D BY REGISTRAR DATE: JAN 10 1969 — 25b. REGISTRAR'S SIGNATURE: [illegible]

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

VR A13 (A)
30M REV. 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0081 0308

1 DECEASED NAME (Type or print) First: FRANKLIN Middle: LUTHER Last: BROWN	2a DATE OF DEATH Month: Jan Day: 16 Year: 1969	2b. HOUR: 5:00 P.M.	
3. SEX: male	4. RACE: white	5. DATE OF BIRTH: Oct.27,1901	6. AGE (In years last birthday): 67 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Fred.Co.Md.	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Fred.Memorial Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Laborer	12b KIND OF BUSINESS OR INDUSTRY: Md.State Roads Comm
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b COUNTY: Frederick	13c CITY OR TOWN: Myersville	13d INSIDE CITY LIMITS? YES ☐ NO ☒
13e STREET AND NUMBER: Route # 1			
14 FATHER'S NAME First Middle Last: John Henry Brown	15 MOTHER'S MAIDEN NAME First Middle Last: Emma C. Hartsock Brown		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-14-7726	17 INFORMANT: Mrs.C.E.Wright	Address: 226 E.7th.St.Frederick Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Cardiac arrest

DUE TO, OR AS A CONSEQUENCE OF (b) myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 15 JAN, 19 69, to 16 JAN, 19 69, that (I) (we) last saw the deceased alive on 16 JAN 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: George I. Smith M.D. DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 16 JAN 69	
22d. PHYSICIAN'S NAME (Type): George I.Smith	22e. ADDRESS: Frederick,Md.		

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan.19,1969	23c NAME OF CEMETERY OR CREMATORY: Harmony	23d LOCATION (City or Town) (County) (State): Harmony, Fred. Co. Md.
24. FUNERAL DIRECTOR: Paul F. Bittle	ADDRESS: Myersville,Md.	25a. REC'D BY REGISTRAR DATE: JAN 20 1969	25b. REGISTRAR'S SIGNATURE: [illegible]

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

3081 4 — 0809

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First William, Middle Lee, Last Brown
2a. DATE OF DEATH: Month Jan., Day 26, Year 1969
2b. HOUR: 10:15 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: May 19, 1890
6. AGE (In years last birthday): 78 YRS — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Teacher
12b. KIND OF BUSINESS OR INDUSTRY: School
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 309 W 7th St.
14. FATHER'S NAME First Charles, Middle, Last Brown
15. MOTHER'S MAIDEN NAME First Julia, Middle Ann, Last Mort
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 220-34-0384
17. INFORMANT: Mrs Mary E. Brown, 309 W.7th St. Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) 1530

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebrovascular

DUE TO, OR AS A CONSEQUENCE OF (c) Cerebral Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While [ ] at work, Not while [ ] at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Jan 26, 1969, to Jan 26, 1969, that (I) (we) last saw the deceased alive on Jan 26 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE [signature] DEGREE — ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): ADEL DEMIRAY
22e. ADDRESS: Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 29, 1969
23c. NAME OF CEMETERY OR CREMATORY: Providence Meth.
23d. LOCATION (City or Town) (County) (State): Kemptown, Md.
24. FUNERAL DIRECTOR: Olin L. Molesworth
ADDRESS: Damascus, Md.
25a. RECD BY REGISTRAR DATE JAN 29 1969
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR A-3-4
45M - 3-69

0081 — 06310

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priot to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED-NAME (Type or print): First K — Middle E. — Last BURGER
2a. DATE OF DEATH: Month Jan Day 9 Year 69
2b. HOUR: 5:15 AM
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: Dec. 7- 1922
6. AGE (In years last birthday): 46 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: FREDERICK
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): FREDERICK MEMORIAL HOSP
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY: ——
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 137 West Third St.
14. FATHER'S NAME: First Charles — Middle N. — Last Staley
15. MOTHER'S MAIDEN NAME: First Marguerite — Middle — Last Grimes
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service): ——
16b. SOCIAL SECURITY NO: 220-34-0998
17. INFORMANT: Wm. S. Burger — Address: 137 W. 3rd.St.Frederick, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 hours
DUE TO, OR AS A CONSEQUENCE OF
(b) Related to pyelonephritis
DUE TO, OR AS A CONSEQUENCE OF
(c) + pancreatitis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
HEMATOPORPHYRIA long standing.

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☑ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)
21f. LOCATION Street or R.F.D. No — City or Town — County — State

22a. I **certify** that (I) (this hospital) attended the deceased from Jan 4, 1969, to Jan 9, 1969, that (I) (we) last saw the deceased alive on Jan 9, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James E. Crosby MD — DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: Jan 9, 1969
22d. PHYSICIAN'S NAME (Type): Dr. James E. Crosby
22e. ADDRESS: 700 Montclaire Ave — Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 11-1969
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick, Md. 21701
24. FUNERAL DIRECTOR: Elwood T. Whitmore — M.R.Etchison & Son — ADDRESS: Frederick, Md.21701
25a. REC'D BY REGISTRAR DATE: JAN 13 1969
25b. REGISTRAR'S SIGNATURE: Gwendolyn Spurgin

VR A15 (R) 30M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00811

1. DECEASED NAME (Type or print) First: Willard	Middle: Patchin	Last: Campbell	2a. DATE OF DEATH Month: Jan. Day: 2 Year: 69
2b. HOUR: 2:15 P.M.	3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 4-29-1916
6. AGE (In years last birthday): 52 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Pa.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Contractor Construction	12b. KIND OF BUSINESS OR INDUSTRY: ------
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIM TS? YES [X] NO [ ]
13e. STREET AND NUMBER: 301 W. College Terrace			
14. FATHER'S NAME First: Millard	Middle: W.	Last: Campbell-Sr.	15. MOTHER'S MAIDEN NAME First: Inez Middle: Last: Patchin
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service) ------	16b. SOCIAL SECURITY NO.: 175-16-9145	17. INFORMANT: Mrs. Iris Wells Campbell-301 W. Coll. Terr- Frederick Address Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Cor pulmonale — 4

DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Emphysema — 5

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Dec, 1964, to 1/2, 1969, that (I) (we) last saw the deceased alive on 1/2 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J R Poirier	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: Jan. 3- 1969	
22d. PHYSICIAN'S NAME (Type): Dr. J.R.Poirier	22e. ADDRESS: Frederick Medical Center-Frederick, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan.4-1969	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery	23d. LOCATION (City or Town) (County) (State): Frederick, Md. 21701
24. FUNERAL DIRECTOR: Hutchison Son	ADDRESS: Edward T. Whitmore Frederick, Md. 21701	25a. REC'D BY REGISTRAR DATE: JAN 6 1969	25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon copies. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0681

CERTIFICATE OF DEATH

00812

1. DECEASED-NAME (Type or print) First: Belva	Middle: G.	Last: Carmack	2a. DATE OF DEATH Month: January Day: 18 Year: 1969
2b. HOUR: 5:45 A.M.	3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: March 1, 1910
6. AGE (In years last birthday): 58 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Braddock Heights	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Vindabona Rest Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 22 E. Fifth Street			
14. FATHER'S NAME First: James	Middle: K.	Last: Powell	15. MOTHER'S MAIDEN NAME First: Sarah
Middle: F.	Last: Misinger		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216 48 6362	17. INFORMANT: Marion D. Carmack, Jr. Address: Route 6, Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma — metastatic abdomen — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO, OR AS A CONSEQUENCE OF

(b) Carcinoma — Ileum — 6 months

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

15 2 2

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Jan. 1, 1969, to Jan. 16, 1969, that (I) (we) last saw the deceased alive on Jan. 15, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: B. O. Thomas Jr.	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: Jan. 16, 1969	
22d. PHYSICIAN'S NAME (Type): B. O. Thomas, Jr. M.D.	22e. ADDRESS: 228 N. Market St. Frederick, Maryland		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 20, 1969	23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	23d. LOCATION (City or Town): Frederick	(County): Frederick (State): Md.
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland	ADDRESS: Frederick	25a. REC'D BY REGISTRAR DATE: JAN 20 1969	25b. REGISTRAR'S SIGNATURE: Charles Jaggers	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06813 **CERTIFICATE OF DEATH** 06813

1. DECEASED NAME (Type or print) First: Harry Middle: Mi Climnon Last: Ceasar
2a. DATE OF DEATH Month: January Day: 19 Year: 1969
2b. HOUR: 7:15 A.M.
3. SEX: Male
4. RACE: Negro
5. DATE OF BIRTH: 6-11-1887
6. AGE (In years last birthday): 81 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Md
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY: Frederick
13c. CITY OR TOWN: Bartonsville
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Rt. 6
14. FATHER'S NAME First: Unkn Middle: UNKN Last: UNKN
15. MOTHER'S MAIDEN NAME First: Martha Middle: NMN Last: Ceasar
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKN (If yes give war or dates of service): ****
16b. SOCIAL SECURITY NO.: 217-10-0302
17. INFORMANT: Mrs Geraldine Ross Address: Rt 6 Frederick, Md

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 HRS
486 X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) EXPOSURE TO LOW TEMPERATURES — 9 DAY -
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ARTERIO SCLEROSIC HT. DIS. GENERALIZED ART. SCL UREMIA

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 1/11/69, 19 69, to 1/19/69, 19____, that (I) ~~(we)~~ last saw the deceased alive on 1/19/69 19____, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: G.F. Meadors MD DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 1/19/69
22d. PHYSICIAN'S NAME (Type): G.F MEADORS, M.D.
22e. ADDRESS: 810 POLL HOUSE AVE. FREDERICK, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-22-1969
23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City or Town) (County) (State): Frederick Fred Md
24. FUNERAL DIRECTOR: C.E. Hicks, 111 Frederick, Md ADDRESS
25a. REC'D BY REGISTRAR DATE: JAN 22 1969
25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1 DECEASED NAME (Type or print) First: HARRY Middle: EMERSON Last: CLABAUGH

2a DATE OF DEATH Month: JAN Day: 28 Year: 1969

2b HOUR: 3:45 AM

3 SEX: MALE

4 RACE: WHITE

5 DATE OF BIRTH: JUNE 28 1894

6 AGE (In years last birthday): 74 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): MARYLAND

7b CITIZEN OF WHAT COUNTRY? U.S.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: FREDERICK Md.

10 CITY OR TOWN OF DEATH: FREDERICK

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MEMORIAL HOSP.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): FARMER

12b KIND OF BUSINESS OR INDUSTRY: OWNER

13a USUAL RESIDENCE (Where deceased lived if not in institution. Residence before admission if in institution) STATE: MARYLAND

13b COUNTY: FREDERICK

13c CITY OR TOWN: KEYMAR

13d INSIDE CITY LIMITS? YES [ ] NO [X]

13e STREET AND NUMBER: GOODINTENT ROAD

14 FATHER'S NAME First: WILLIAM Middle: CLABAUGH Last:

15 MOTHER'S MAIDEN NAME First: ANNIE Middle: HARTSOCK Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (Specify war or dates of service) WAR I

16b SOCIAL SECURITY NO. 220-34-6806

17 INFORMANT: GENEVIEVE CLABAUGH Address: KEYMAR Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Cerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): hypertension

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While [ ] at work Not while [ ] at work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (this hospital) attended the deceased from 27 JAN, 19 69, to 28 JAN, 19 69, that (I) (we) last saw the deceased alive on 27 JAN 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: Geo. I. Smith, M.D. DEGREE — ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]

22c. DATE SIGNED: 28 JAN 69

22d. PHYSICIAN'S NAME (Type): GEORGE I. SMITH JR.

22e ADDRESS: FREDERICK, MARYLAND

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 1-31-69

23c. NAME OF CEMETERY OR CREMATORY: HAUGHS CEM.

23d LOCATION (City or Town) (County) (State): LADIESBURG, MD.

24 FUNERAL DIRECTOR: D.S. Hartsburton

ADDRESS: UNION BRIDGE, MD.

25a REC'D BY REGISTRAR DATE: JAN 31 1969

25b REGISTRAR'S SIGNATURE: [signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers - Pages 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR ATS 45M 1/69

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00820 00815

1. DECEASED NAME (Type or print): First Zachariah Middle M. Last Compher
2a. DATE OF DEATH: Month 1 Day 9 Year 69
2b. HOUR: 950 P.M.
3. SEX: MALE
4. RACE: White
5. DATE OF BIRTH: Nov. 19/1883
6. AGE (In years last birthday): 85 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Va.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Fred. Md.
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Hospital. Mem.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Merchant
12b. KIND OF BUSINESS OR INDUSTRY: Store
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: Monty
13c. CITY OR TOWN: Poolesville
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: —
14. FATHER'S NAME: First Jonas Middle C. Last Compher
15. MOTHER'S MAIDEN NAME: First Henirette Middle — Last Harper
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOC. SECURITY NO.: 220-40-4531
17. INFORMANT: Mrs. B.E. Williams Address: Poolesville Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF (b): ASHD
DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Pulmonary edema.

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19 65, to 1/4/69, 19____, that (I) (we) last saw the deceased alive on Nov 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. Austin Pearce Jr. DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 1/9/69
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/13/69
23c. NAME OF CEMETERY OR CREMATORY: Monocacy
23d. LOCATION (City or Town) (County) (State): Beallsville Monty. Md.
24. FUNERAL DIRECTOR: Constance C. Hilton ADDRESS: Barnesville Md.
25a. REC'D BY REGISTRAR DATE JAN 15 1969
25b. REGISTRAR'S SIGNATURE: [illegible] Judge

VR A15 45M - 1-66

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

00822

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70917

1. DECEASED-NAME (Type or Print) First: Henry Middle: David Last: Couitt

2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month Jan Day 18 Year 19 69

2b. HOUR 9 AM

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: Sept. 26, 44

6. AGE (In years last birthday): 24 YRS

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

2c. DATE PRONOUNCED DEAD Month Jan 18 Day Year 19 69

2d. HOUR 6 AM

7a. BIRTHPLACE (State or foreign country): New Hamp.

7b. CITIZEN OF WHAT COUNTRY? U.S.A?

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Sp 5

12b. KIND OF BUSINESS OR INDUSTRY: U.S.Army

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: New Hamp.

13b. COUNTY: Sullivan

13c. CITY OR TOWN: Newport

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER:

14. FATHER'S NAME First Middle Last: Phillip G. Couitt

15. MOTHER'S MAIDEN NAME First Middle Last: Geneva V. Stone

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (Give inclusive years or dates of service): 7-31-65

16b. SOCIAL SECURITY NO.: 001-34-0007

17. INFORMANT: U.S.Army Records ADDRESS:

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Suffocation

DUE TO, OR AS A CONSEQUENCE OF

(b) Overturned Motor Vehicle

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. ~~P.M.~~ 6a 1-18 1969

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Car ran off road

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Highway

21f. LOCATION Street or R.F.D. No. Gambrill Pk. Rd. City or Town Frederick County Frederick State Md

22a. **I certify** that I took charge of the remains described above, held on Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Robert J. Thomas M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type): Robert J. Thomas

ADDRESS (Street, city, town, or county):

22b. DATE SIGNED: Jan. 18, 1969

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 23, 69

23c. NAME OF CEMETERY OR CREMATORY: Pine Grove

23d. LOCATION (City or Town) (County) (State): Newport Sullivan N.H.

24. FUNERAL DIRECTOR: Salamone Funeral Home Frederick, Md.

ADDRESS:

25a. REC'D BY REGISTRAR DATE: JAN 21 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00823

CERTIFICATE OF DEATH

00818

1 DECEASED-NAME (Type or print) First: Ida	Middle: Belle	Last: Coulter	2a DATE OF DEATH Month: January Day: 15, Year: 1969
2b. HOUR: 7:00A M			
3 SEX: Female	4 RACE: White	5. DATE OF BIRTH: Dec. 2, 1877	6 AGE (In years last birthday): 91 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN		
7a BIRTHPLACE (State or foreign country): Washington Co. Md.	7b CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Frederick Md
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 132 W. Church St.	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Washington	13c. CITY OR TOWN: Boonsboro	13d INSIDE CITY LIMITS? YES ☒ NO ☐
13e STREET AND NUMBER: 112 Potomac St.			
14. FATHER'S NAME First: Henry	Middle: C.	Last: Deener	15. MOTHER'S MAIDEN NAME First: Frances
Middle:	Last: Daniels		
16a WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No.	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-05-6410	17. INFORMANT: Mr. Lee V. Coulter, Address: 132 W. Church St. Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Angina Cardiac

DUE TO, OR AS A CONSEQUENCE OF

(b) Chronic Nephritis

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 1/12, 1969, to 1/15, 1969, that (I) (we) last saw the deceased alive on 1/12 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James B. Thomas	DEGREE	ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED
22d PHYSICIAN'S NAME (Type): James B. Thomas, M. D.		22e. ADDRESS: Frederick, Maryland	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 1- 17- 69	23c. NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery	23d LOCATION (City or Town) (County) (State): Boonsboro, Wash. Co., Md.
24 FUNERAL DIRECTOR: John H. Bast, Jr.	ADDRESS: 112 N. Main St. Boonsboro, Md.	25a REC'D BY REGISTRAR DATE: JAN 20 1969	25b REGISTRAR'S SIGNATURE: [illegible]

VR A15 30M REV.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

0082

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0819

1 DECEASED-NAME (Type or Print): First Charles; Middle H.; Last Cramer

2a DATE KNOWN OF DEATH ☐ ESTIMATED ☑: Month 1, Day 2, Year 1968

2b. HOUR 4:00 M

2c DATE PRONOUNCED DEAD: Month 1, Day 2, Year 1968

2d. HOUR 8:30 AM

3 SEX: Male

4. RACE: White

5 DATE OF BIRTH: May 13- 1915

6 AGE (In years last birthday): 53 YRS

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): Md.

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Frederick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): D.U.A. Fred'k. Mem. Hosp.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Plumber

12b KIND OF BUSINESS OR INDUSTRY: ———

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b COUNTY: Frederick

13c CITY OR TOWN: Frederick

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 60 South Market St.

14 FATHER'S NAME: First Charles; Middle F.; Last Cramer

15 MOTHER'S MAIDEN NAME: First Charlotte; Middle ; Last Esworthy

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes give war or dates of service): ———

16b SOCIAL SECURITY NO: 220-03-5857

17 INFORMANT: Charles Elwood Cramer ADDRESS: Rt.8- Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure

DUE TO OR AS A CONSEQUENCE OF

(b) Bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Obesity - Acute

19a. DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and in my opinion death resulted from Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J. Thomas M.D.

EXAMINER'S NAME (Type): Robert J. Thomas

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS (Street, city, town, or county)

22b DATE SIGNED: 1-2-69

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: Jan. 6-1969

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24 FUNERAL DIRECTOR: Elwood T. Litchison & Son ADDRESS: Whitmore Frederick, Md. 21701

25a REC'D BY REGISTRAR DATE: JAN 6 1969

25b REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00820

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First Margaret; Middle S.; Last Downey
2a. DATE OF DEATH: Month JAN Day 23 Year 1969
2b. HOUR: 4:15 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: March 27- 1902
6. AGE (In years last birthday): 66 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Mgr.-Retail Dress Shop
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 411 Fairview Avenue
14. FATHER'S NAME: First Benjamin; Middle Michael; Last Smith
15. MOTHER'S MAIDEN NAME: First Lydia; Middle Roberta; Last Eyler
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): ——
16b. SOCIAL SECURITY NO.: 303-30-4535
17. INFORMANT: Frederick Address Md.21701
Mrs. Nevin R. Hoffman-506 Wilson Place-

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolus
450 X
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 15 JAN 69
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: umbilical hernia repair
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 14 JAN, 19 69, to 23 JAN, 19 69, that (I) (we) last saw the deceased alive on 23 JAN 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: George I. Smith Jr.
DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: 23 JAN 69
22d. PHYSICIAN'S NAME (Type): Dr. George I. Smith-Jr.
22e. ADDRESS: 804 Toll House Ave.-Frederick, Md.21701

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 27-1969
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City or Town) (County) (State): Woodsboro- Md. 21798
24. FUNERAL DIRECTOR: M.R.Etchison & Son
ADDRESS: Frederick, Md.21701
25a. REC'D BY REGISTRAR DATE: JAN 27 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00826 — 00821

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1. DECEASED-NAME (Type or print): First — Mr Daniel; Middle — J.; Last — Dutrow
2a. DATE OF DEATH: Month — Jan; Day — 16; Year — 1969
2b. HOUR: 5:50 P.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Nov. 9- 1875
6. AGE (in years last birthday): 93 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Re.- Executive
12b. KIND OF BUSINESS OR INDUSTRY: Meat Packing
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1100 East Patrick St.
14. FATHER'S NAME: First — Daniel; Middle — Webster; Last — Dutrow
15. MOTHER'S MAIDEN NAME: First — Roseanna; Middle; Last — Delaplaine
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): ——
16b. SOCIAL SECURITY NO.: 214- 10-1538A
17. INFORMANT: Frederick Address Md. 21701 — Mrs. Elias B. Ramsburg-Jr.- Rockwell Terrace

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis — 1 Day
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Prostatic Obstruction with Uremia

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Jan 15, 1969, to Jan 16, 1969, that (I) (we) last saw the deceased alive on Jan 16 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. A. Pearre, Sr. M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 1/16/69
22d. PHYSICIAN'S NAME (Type): A.A. Pearre- Sr.
22e. ADDRESS: Frederick Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 20-1969
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24. FUNERAL DIRECTOR: M.R. Etchison & Son — Elwood T. Etchison
ADDRESS: Frederick, Md. 21701
25a. REC'D BY REGISTRAR DATE JAN 21 1969
25b. REGISTRAR'S SIGNATURE: Charles Jungge

VR A15 (M) 30M REV. 11-68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

M

VR A15(M)
30M REV 11/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

'082' 00822

1. DECEASED-NAME (Type or print): First Helen; Middle Marie; Last Eckard
2a. DATE OF DEATH: Month January; Day 13; Year 1969
2b. HOUR: 1:00 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: August 18, 1903
6. AGE (in years last birthday): 65 YRS.; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Montevue Home
12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Frederick
13c. CITY OR TOWN: Nr. Taneytown
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: ~~XXXXX~~ R # 2
14. FATHER'S NAME First Harry; Middle; Last Fritz
15. MOTHER'S MAIDEN NAME First Mary; Middle Elizabeth; Last Baker
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: None
17. INFORMANT: Paul Eckard R # 2 Address: Taneytown, Md. 21787

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral vascular accident	2 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic vascular disease	5 years
DUE TO, OR AS A CONSEQUENCE OF (c)		

4061

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Nov 4, 1966, to Jan 15, 1969, that (I) (we) last saw the deceased alive on Jan 14 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: LeRoy T. Davis DEGREE: ATTENDING PHYS. [✓] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 1/16/69
22d. PHYSICIAN'S NAME (Type): LeRoy T. Davis
22e. ADDRESS: 228 N. Market St. Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/17/69
23c. NAME OF CEMETERY OR CREMATORY: Reformed Cemetery
23d. LOCATION (City or Town) (County) (State): Taneytown Carroll Md.
24. FUNERAL DIRECTOR: C.O. Fuss & Son ADDRESS: Taneytown, Md. 21787
25a. REC'D BY REGISTRAR DATE: JAN 20 1969
25b. REGISTRAR'S SIGNATURE: Charles Yingst

1

00828

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00323

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: EZRA	Middle:	Last: ELY	2a. DATE OF DEATH Month: 1 Day: 15 Year: 69
2b. HOUR: 5:15 PM	3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: October 7, 1891
6. AGE (In years last birthday): 77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Frederick, Md
10. CITY OR TOWN OF DEATH: Frederick,	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Ret. Iron Worker	12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 554 East Church Street			
14. FATHER'S NAME First: James	Middle: Ely	Last:	15. MOTHER'S MAIDEN NAME First: Martha Middle: Myers Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): 1917-1919	16b. SOCIAL SECURITY NO.: 215-48-5920	17. INFORMANT: Hospital Records Address: Frederick, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Peritonitis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 1-15, 1969, to 1-15, 1969, that (I) (we) last saw the deceased alive on 1-15, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert J. Thomas DEGREE	ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 1-15-69	
22d. PHYSICIAN'S NAME (Type): Dr. Robert J. Thomas M.D.	22e. ADDRESS: Toll House Avenue Frederick, Md.		
23a. BURIAL CREMATION REMOVAL (Specify): Burial	23b. DATE: 1-18-1969	23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	23d. LOCATION (City or Town) (County) (State): Frederick, Frederick, Md.
24. FUNERAL DIRECTOR: Robert E. Dailey & Son	ADDRESS: Frederick, Maryland	25a. RECEIVED BY REGISTRAR DATE: JAN 22 1969	25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15
45M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Lester Middle Oden Last Eyler
2a. DATE OF DEATH: Month Jan Day 6 Year 1969
2b. HOUR: 1:30 AM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: 8/25/16
6. AGE (In years last birthday): 52 YRS. — If under year: Months / Days; If under 24 hrs: Hours / Min
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: FREDERICK Md
10. CITY OR TOWN OF DEATH: FREDERICK
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MEMORIAL HOSPITAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): QUARRY- DRIVER
12b. KIND OF BUSINESS OR INDUSTRY: CEMENT
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND
13b. COUNTY: CARROLL
13c. CITY OR TOWN: RURAL NEW WINDSOR
3d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: HAWKS HILL RD
14. FATHER'S NAME First LESTER Middle W Last EYLER
15. MOTHER'S MAIDEN NAME First NELLIE Middle Last GREEN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 213-16-1923
17. INFORMANT: HELEN EYLER Address: NEW WINDSOR RURAL MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Glioblastoma
1969
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: Nov 1968
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Brain tumor
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Dec 27, 1968, to Jan 6, 1969, that (I) (we) last saw the deceased alive on Jan 5 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry V. Chase MD DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 6 Jan 1969
22d. PHYSICIAN'S NAME (Type): Henry V. Chase
22e. ADDRESS: 804 Toll House Frederick, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN 8-1969
23c. NAME OF CEMETERY OR CREMATORY: PIPE CREEK
23d. LOCATION (City or Town) (County) (State): NEW WINDSOR RURAL MD
24. FUNERAL DIRECTOR: D D Hartzler & Sons
ADDRESS: New Windsor
25a. REC'D BY REGISTRAR DATE: JAN 9 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (M) 30M REV 1-68

1

308.N

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

325

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: Sylvia Middle: Lost: Eyler

2a. DATE OF DEATH Month: Jan Day: 9 Year: 69

2b. HOUR: 5:10 PM

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 5/16/1897

6. AGE (In years last birthday): 71 YRS. (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN)

7a. BIRTHPLACE (State or foreign country): Fredk

7b. CITIZEN OF WHAT COUNTRY?: U S A

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if not ret.): Seamstress

12b. KIND OF BUSINESS OR INDUSTRY: Clothing

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md

13b. COUNTY: Fredk

13c. CITY OR TOWN: Frederick

13d. INSIDE CITY LIMITS? YES ☐ NO ☑

13e. STREET AND NUMBER:

14. FATHER'S NAME First: George Middle: S. Lost: Eyler

15. MOTHER'S MAIDEN NAME First: Emma Middle: Lost: Morgan

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 214-10-2107

17. INFORMANT: Hospital Records Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest

2001

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Lymphosarcoma

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Adel Demiray DEGREE: ATTENDING PHYS. ☐ MED DIRECTOR ☑ STAFF PHYS. ☐

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type): ADEL DEMIRAY MD

22e. ADDRESS: 801 TOLL HOUSE AVE.

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE:

23c. NAME OF CEMETERY OR CREMATORY: Anatomy Bd & Potomac Potomac Fredk Co

23d. LOCATION (City or Town) (County) (State)

24. FUNERAL DIRECTOR: Raymond E Creager Thurmont ADDRESS:

25a. REC'D BY REGISTRAR DATE: JAN 13 1969

25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0083 — 6326

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: HARRY Middle: BARRY Last: FRITZ

2a. DATE OF DEATH Month: Jan. 12 Day: 69 Year

2b. HOUR: 9:30 A.M.

3. SEX: M

4. RACE: W

5. DATE OF BIRTH: Jan. 23 1897

6. AGE (In years last birthday): 71 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

9. COUNTY OF DEATH: Frederick Md

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 114 E. 4th St.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farming

12b. KIND OF BUSINESS OR INDUSTRY: Tenant

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Frederick

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER: 114 E. 4th St.

14. FATHER'S NAME First: Unknown Middle: Last:

15. MOTHER'S MAIDEN NAME First: Effie Middle: Last: Fritz

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 213-18-9373

17. INFORMANT: Mr. William Fritz Address: 124 E. 4th St. Frederick Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a): Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week.

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic cardiovascular disease — 6 years.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Emphysema.

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Sept, 1962, to Jan 12, 1969, that (I) (we) last saw the deceased alive on Jan 12, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: LeRoy T. Davis DEGREE: ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 1/12/69

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/15/69

23c. NAME OF CEMETERY OR CREMATORY: Locust Grove Cem.

23d. LOCATION (City or Town) (County) (State): Mt. Unionville Md

24. FUNERAL DIRECTOR: H. C. Barton ADDRESS: 40 Fulton Ave. Walkersville

25a. REC'D BY REGISTRAR DATE: JAN 16 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00832

CERTIFICATE OF DEATH

00827

1 DECEASED NAME (Type or print): First Charles Middle Russell Last Frushour Sr.

2a. DATE OF DEATH: Month Jan. Day 3 Year 1969

2b. HOUR: 9:0 A.M.

3. SEX: male

4. RACE: white

5. DATE OF BIRTH: 1-19-1916

6. AGE (In years last birthday): 52 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Fred. Co.

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Adm. Officer

12b. KIND OF BUSINESS OR INDUSTRY: Gov.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Fred.

13c. CITY OR TOWN: Thurmont

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: RD 1 Lewistown

14. FATHER'S NAME First Middle Last: Charles Nelson Frushour

15. MOTHER'S MAIDEN NAME First Middle Last: Mary Alice Horshman

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes (or unknown) (If yes give war or dates of service): WW II

16b. SOCIAL SECURITY NO: 212-03-5417

17. INFORMANT: Florence L Frushour Address: Thurmont, Md RD1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIAC ARREST — 45 MIN.

DUE TO, OR AS A CONSEQUENCE OF (b) MYOCARDIAL INFARCTION — 2 WKS.

DUE TO, OR AS A CONSEQUENCE OF (c) ARTERIOSCLEROTIC HT. DIS.

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): DUODENAL ULCER

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1/3, 1969, to 1/3, 1969, that (I) (we) last saw the deceased alive on 1/3 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: G F Meadors M.D. — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 1/3/69

22d. PHYSICIAN'S NAME (Type): G.F. MEADORS, MD

22e. ADDRESS: 810 Tom House Ave Frederick

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-6-69

23c. NAME OF CEMETERY OR CREMATORY: Rest Haven Mem. Gar.

23d. LOCATION (City or Town) (County) (State): Nr. Frederick Fred. Co Md

24. FUNERAL DIRECTOR: Raymond E. Creager — ADDRESS: Raymond E. Creager Thurmont, Md.

25a. REC'D BY REGISTRAR: DATE JAN 7 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV. 1-68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 7 days after death

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

3083 — 00328

1. DECEASED-NAME (Type or print) First: SADIE	Middle: MAY	Last: GARRETT	2a. DATE OF DEATH Month: Jan Day: 4 Year: 1969 — 2b. HOUR: 11 A.M.
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: Jan. 10, 1891	6. AGE (in years lost birthday): 77 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Frederick, Md
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): DOA Fred. Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 4 Norva Avenue
14. FATHER'S NAME First: Eli	Middle: Jacob	Last: Albright	15. MOTHER'S MAIDEN NAME First: Ellen — Middle: Klinedinst — Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-16-1388	17. INFORMANT: Mrs. Dorothy Wenger	Address: 626 Apple Ave. Fred. Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Arteriosclerosis — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart dis.

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from June, 1965, to Dec, 1968, that (I) (we) last saw the deceased alive on Jan 15 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert S. Hughes	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 1/4/69	
22d. PHYSICIAN'S NAME (Type): Dr. Robert S. Hughes M.D.	22e. ADDRESS: 700 Montclair Ave. Frederick, Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-7-1969	23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	23d. LOCATION (City or Town): Frederick,	(County): Frederick, (State): Md.
24. FUNERAL DIRECTOR: Robert E. Dailey & Son	ADDRESS: Frederick, Md.	25a. REC'D BY REGISTRAR DATE: JAN 8 1969	25b. REGISTRAR'S SIGNATURE: [illegible]	

VR A15 (4) 30M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6832 — 6329

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print): First Lillie; Middle H.; Last Goins

2a. DATE OF DEATH: Month Jan. 2; Day 2; Year 69

2b. HOUR: 12:50 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: Jan. 12-1906

6. AGE (In years last birthday): 60 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Va.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Frederick Md

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Gen. Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker

12b. KIND OF BUSINESS OR INDUSTRY: ——

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Frederick

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 201 W. 7th. St.

14. FATHER'S NAME First: Wm.; Middle; Last: Houndshell

15. MOTHER'S MAIDEN NAME First: Cora; Middle; Last: Rigsby

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): ——

16b. SOCIAL SECURITY NO.: 220-18-1441

17. INFORMANT: Homer Goins — Address: 201 W. 7th. St. Frederick, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Infarction of brain — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO, OR AS A CONSEQUENCE OF

(b) Cerebral Thrombosis — 2 wks ~~years~~

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized arteriosclerosis — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from Jan, 1964, to Jan 2, 1969, that (I) (we) last saw the deceased alive on Jan 2 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry V. Chase MD — DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: Jan. 3-1969

22d. PHYSICIAN'S NAME (Type): Henry V. Chase

22e. ADDRESS: 504 Toll House Frederick, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 5-1969

23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

23d. LOCATION (City or Town) (County) (State): Creagerstown, Md.

24. FUNERAL DIRECTOR: Elwood T. Hutchison & Son — ADDRESS: Mulberry & Frederick, Md. 21701

25a. REC'D BY REGISTRAR — DATE: JAN 6 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15(7) 30M REV. 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0083 — 00330

1 DECEASED-NAME (Type or print) First: ESTELLA Middle: MAUDE Last: GRIMES

2a. DATE OF DEATH Month 1 Day 26 Year 69

2b HOUR 10:45 P.M.

3 SEX: F

4 RACE: W

5 DATE OF BIRTH: Nov. 3, 1887

6 AGE (In years last birthday) 81 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Frederick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Nursing Center

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b COUNTY: Frederick

13c CITY OR TOWN: Walkersville

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER: Frederick Ave.

14 FATHER'S NAME First: Zacharah Middle: Green Last:

15 MOTHER'S MAIDEN NAME First: Amanda Middle: Cline Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO. 217-32-5979

17. INFORMANT: Mrs B.E. Sullivan, Address: New Market, Md 21774

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis abdomen, intestinal obstruction — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 2 months

1540

DUE TO, OR AS A CONSEQUENCE OF (b) Adenocarcinoma of sigmoid, Duke III — 18 months

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☑

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from August, 19 68, to 20 Jan, 19 69, that (I) (we) last saw the deceased alive on 18 January 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James E. Stoner Jr. MD DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED 1/23/69

22d PHYSICIAN'S NAME (Type) JAMES E. STONER, Jr.

22e ADDRESS Wilkersville Md. 21793

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b DATE 1/24/69

23c NAME OF CEMETERY OR CREMATORY Glade Cem.

23d. LOCATION (City or Town) Walkersville (County) Fred. (State) Md.

24. FUNERAL DIRECTOR: G. C. Barton

ADDRESS: 40 Feltsware, Walkersville, Md.

25a. REC'D BY REGISTRAR DATE JAN 27 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

00836

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00831

1 DECEASED-NAME (Type or print): First: Edith; Middle: P.; Last: Hanel

2a DATE OF DEATH: Month: January; Day: 1; Year: 1969

2b HOUR: 1:54 M

3 SEX: Female

4 RACE: White

5. DATE OF BIRTH: July 7, 1914

6. AGE (In years last birthday): 54 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Louisianna

7b. CITIZEN OF WHAT COUNTRY?: U. S. A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Frederick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital

12a USUAL OCCUPATION (Kind of work done during most of work ng life, even if retired): Housewife

12b KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Frederick

13c. CITY OR TOWN: Frederick

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e STREET AND NUMBER: 419 Biggs Avenue

14. FATHER'S NAME First: Albert; Middle: Bahm; Last:

15. MOTHER'S MAIDEN NAME First: Eveline; Middle: Brown; Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 433 03 1203

17. INFORMANT: Everett Hanel, Jr. Address: 419 Biggs Ave. Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ovarian carcinomatosis

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1890

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1967, 19____, to 1/1, 1967, that (I) (we) last saw the deceased alive on 12/31/68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. Austin Pearre Jr. M.D.

DEGREE: ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: Jan. 2, 1969

22d. PHYSICIAN'S NAME (Type): A. Austin Pearre, Jr. M.D.

22e. ADDRESS: Doll House Ave. Frederick, Maryland

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 3, 1969

23c NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick Frederick Md.

24. FUNERAL DIRECTOR: H. H. Hitchison & Son, Frederick, Maryland

ADDRESS: Frederick

25a REC'D BY REGISTRAR DATE: JAN 6 1969

25b REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0663. 0332

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print): First Margaret; Middle May; Last Harley

2a. DATE OF DEATH: Month January, Day 21, Year 1969

2b. HOUR: 6:45

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: Feb. 22, 1878

6. AGE (In years last birthday): 90 YRS — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Braddock Heights

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Vindobona Conv. Home

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): House Keeper

12b. KIND OF BUSINESS OR INDUSTRY: Home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Frederick

13c. CITY OR TOWN: Middletown

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: Main St.

14. FATHER'S NAME: First Franklin; Middle Cornelius; Last Harley

15. MOTHER'S MAIDEN NAME: First Narcissa; Middle; Last Willard

16a. WAS DEASEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): -----

16b. SOCIAL SECURITY NO.: 216-38-0100

17. INFORMANT: J. Willard Harley — Address: 8. Church St. Middletown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Generalized Arterio-sclerosis

DUE TO, OR AS A CONSEQUENCE OF (b) Esp. Cerebral

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 yrs

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Carcinoma rt breast

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from June, 1960, to Jan 21, 1969, that (I) (we) last saw the deceased alive on Jan 21 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J. Elmer Harp — DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: 1-22-69

22d. PHYSICIAN'S NAME (Type): J. Elmer Harp M.D.

22e. ADDRESS: Middletown, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 24, 1969

23c. NAME OF CEMETERY OR CREMATORY: Reformed Cemetery

23d. LOCATION (City or Town) (County) (State): Middletown Fred. Md.

24. FUNERAL DIRECTOR: Gladhill Company — ADDRESS: Middletown, Md.

25a. RECD BY REGISTRAR DATE: JAN 27 1969

25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

'383' 00833

1. DECEASED-NAME (Type or print) First: Norman	Middle: Monroe	Last: Harman	2a. DATE OF DEATH Month: JANUARY Day: 23 Year: 1969
2b. HOUR: 1:25 A.M.			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: March 2, 1903	6. AGE (In years last birthday): 65 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / M.N.		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Plumber	12b. KIND OF BUSINESS OR INDUSTRY: Plumbing
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Howard	13c. CITY OR TOWN: Woodbine	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: Rt. #2			
14. FATHER'S NAME First: Edward Harman	Middle	Last	15. MOTHER'S MAIDEN NAME First: Mary Haines Middle Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-05-4203	17. INFORMANT: Mrs. Emma E. Harman	Address: Same as 13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF
(b) HYPERTENSIVE ARTERIOSCLEROTIC
DUE TO, OR AS A CONSEQUENCE OF
(c) HEART DISEASE

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIABETES MELLITUS, OBESITY

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from 1966, 19__, to 1/23, 1969, that (I) (~~we~~) last saw the deceased alive on 1/23/69 19__, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: G.E. Meadors, M.D. DEGREE	ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 1/23/69	
22d. PHYSICIAN'S NAME (Type): G.E. MEADORS, M.D.	22e. ADDRESS: 810 TOLLHOUSE AVE FREDERICK, MD		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-25-69	23c. NAME OF CEMETERY OR CREMATORY: Jennings Chapel	23d. LOCATION (City or Town) (County) (State): Florence Howard Md.
24. FUNERAL DIRECTOR: Francis H. Barber	ADDRESS: Laytonsville, Md. 20760	25a. RECD BY REGISTRAR DATE: JAN 27 1969	25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR-A 15 (4)
30M REV 1/68

Items 21c-f Film 409
2-14-69 ams

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

36833 — 36834

FOR STATE HEALTH DEPT.

1 DECEASED NAME (Type or Print): First Lizzie Middle Ann Last Hessong

2a DATE OF DEATH KNOWN ☐ ESTIMATED ☐: Month Day Year 1-31 1969 — 2b HOUR M

3 SEX: female — 4 RACE: white — 5 DATE OF BIRTH: 10-20-1882 — 6 AGE (in years last birthday): 86 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN

2c DATE PRONOUNCED DEAD: Month Day Year 19 — 2d HOUR M

7a BIRTHPLACE (State or foreign country): Md. — 7b CITIZEN OF WHAT COUNTRY?: USA — 8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Frederick Md

10. CITY OR TOWN OF DEATH: Frederick — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housekeeper — 12b KIND OF BUSINESS OR INDUSTRY: Own Home

13a USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) STATE: Md. — 13b COUNTY: Fred. — 13c CITY OR TOWN: Thurmont — 13d INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e. STREET AND NUMBER: RD1

14. FATHER'S NAME First John Middle T. Last Hessong — 15 MOTHER'S MAIDEN NAME First Rebecca Middle Last Gaver

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service) — 16b SOCIAL SECURITY NO. 215-36-6684A — 17 INFORMANT: Harry R. Hessong — ADDRESS: Thurmont, Md. RD1

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SUBDURAL HEMATOMA, LEFT.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☒ NO ☐

21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 1-19 1969 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18): Fell

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home — 21f LOCATION Street or R.F.D. No: RFD 1 — City or Town: Thurmont — County: Frederick — State: Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from. Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J. Thomas M.D.
EXAMINER'S NAME (Type): Robert J. Thomas
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)
22b DATE SIGNED: Jan. 31, 1969

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: 2-2-69 — 23c NAME OF CEMETERY OR CREMATORY: Utica Cemetery Nr. — 23d LOCATION (City or Town) (County) (State): Lewistown Fred. Co. Md.

24 FUNERAL DIRECTOR: Raymond E. Creager — ADDRESS: Thurmont, Md. — 25a RECD BY REGISTRAR DATE: FEB 6 1969 — 25b REGISTRAR'S SIGNATURE: Worley Yingey

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

208 ... 06835

1 DECEASED-NAME (Type or print) First: Amy Middle: E. Last: Hoffman	2a. DATE OF DEATH Month: Jan. Day: 1 Year: 69	2b. HOUR p 12:15 M	
3 SEX: Female	4 RACE: White	5 DATE OF BIRTH: Sept. 25-1883	6 AGE (In years last birthday) 85 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY ---
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ 13e STREET AND NUMBER 1510 Rock Creek Drive
14 FATHER'S NAME First: Theodore Middle: C. Last: Kreh		15. MOTHER'S MAIDEN NAME First: Ada Middle: May Last: Stull	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service) ----------	16b. SOCIAL SECURITY NO 215-26-1122	17. INFORMANT Mrs. Charles T. Butcher-Jr. Address Frederick Md. 21701 1510 Rock Creek Dr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure — 1 year

DUE TO, OR AS A CONSEQUENCE OF

(b) Severe Arteriosclerotic Cardio-vascular

DUE TO, OR AS A CONSEQUENCE OF

(c) Disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify med.co. examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Dec 29, 1968, to Jan 1, 1969, that (I) (we) last saw the deceased alive on Jan 1 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE A. A. Pearre, Sr. DEGREE	ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED Jan. 2-1969
22d. PHYSICIAN'S NAME (Type) Dr. A.A.Pearre-Sr.		22e. ADDRESS 804 Toll House Ave.-Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 4-1969	23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City or Town) (County) (State) Frederick- Md.
24 FUNERAL DIRECTOR Elwood T. M.R.Etchison & Son	ADDRESS Whitmore Frederick, Md. 21701	25a REC'D BY REGISTRAR DATE JAN 6 1969	25b REGISTRAR'S SIGNATURE J. Charles Quigley

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

VR A15 (A) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0084 Items#13a,b,c,d,&e, FilmG409 1/3

CERTIFICATE OF DEATH

-0836

1. DECEASED-NAME (Type or print) First / Middle / Last: Wilbur Austin Hoffman	2a. DATE OF DEATH Month 1 Day 20 Year 69	2b. HOUR 1:30 P.M.	
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: July 5 1910	6. AGE (In years last birthday): 58 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Fred. Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Mechanic	12b. KIND OF BUSINESS OR INDUSTRY: Auto.
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 331 Madison Street
14. FATHER'S NAME First / Middle / Last: Charles E. Hoffman	15. MOTHER'S MAIDEN NAME First / Middle / Last: Dessie M. Fox		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-16-1550	17. INFORMANT: Mrs Edna N. Hoffman	Address: 331 Madison St. Fred

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART 1. DEATH WAS CAUSED BY:

		Approximate interval between onset and death
IMMEDIATE CAUSE (a)	Massive Gastro-Intestinal Hemorrhage	17 hrs
DUE TO, OR AS A CONSEQUENCE OF (b)	Metastatic Carcinoma of Liver	1/2 yr.
DUE TO, OR AS A CONSEQUENCE OF (c)	Carcinoma of Sigmoid	App 3 yrs

1555

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from JAN. 19, 1969, to JAN 20, 1969, that (I) (we) last saw the deceased alive on JAN 20 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Ralph L. Michaels, M.D. DEGREE	ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 1-20-69	
22d. PHYSICIAN'S NAME (Type): RALPH L. MICHAELS	22e. ADDRESS		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/23/69	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.	23d. LOCATION (City or Town): Frederick	(County): Fred.	(State): Md.
24. FUNERAL DIRECTOR: G.C. Barton	ADDRESS: 40 Fulton Ave. Walkersville Md.	25a. RECD BY REGISTRAR: JAN 27 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

Item2a FilmG408
1/8/69 kk 0084

0837

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or Print) First: Helen Middle: Elsie Last: Honaker

2a DATE OF DEATH: KNOWN ☐ ESTIMATED ☒ Month 1 Day 1 Year 19 69 — 2b HOUR M

3 SEX: Female — 4 RACE: White — 5 DATE OF BIRTH: April 1, 1909 — 6 AGE (In years last birthday): 59 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c DATE PRONOUNCED DEAD Month Jan. Day 1 Year 19 69 — 2d HOUR 1:45 M

7a BIRTHPLACE (State or foreign country): Maryland — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Frederick — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife — 12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Maryland — 13b COUNTY: Frederick — 13c CITY OR TOWN: New Market — 13d INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e STREET AND NUMBER: Route 1, New Market, Md.

14 FATHER'S NAME First: Richard T. Coughlin Middle Last — 15. MOTHER'S MAIDEN NAME First: Hannah Middle: M. Last: Young

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO.: None — 17. INFORMANT: Elbert Honaker — ADDRESS: Route 1, New Market, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Bronchopneumonia

485

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Fractured hip, left & rheumatoid arthritis

19a DATE OF OPERATION: 12/13/68 — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? Fractured left hip — 20 AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH — 21b TIME OF INJURY Month Day, Year HOUR A.M. P.M. 12/11 19 68 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): Fell at home

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home — 21f LOCATION Street or R.F.D. No. City or Town County State

22a I **certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER: Robert J. Thomas M.D.

EXAMINER'S NAME (Type): Robert J. Thomas, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 1/1/69

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: Jan 3,1969 — 23c NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — 23d LOCATION (City or Town) (County) (State): Frederick Frederick Md.

24 FUNERAL DIRECTOR: W. M. Etchison & Son, Frederick, Maryland — ADDRESS: Fadley

25a REC'D BY REGISTRAR DATE JAN 6 1969 — 25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5) 10M REV 1/68

ROBERT J. THOMAS, M.D. 812 TOLL HOUSE AVENUE

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0084 — 00838

1 DECEASED-NAME (Type or Print): First William — Middle Grant — Last Hoy

2a DATE OF DEATH: KNOWN [X] ESTIMATED [ ] — Month 1 Day 12 Year 1969 — 2b HOUR 4p M

3 SEX: Male — 4 RACE: Negro — 5. DATE OF BIRTH: 9-8-1928 — 6 AGE (in years last birthday): 40 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

2c DATE PRONOUNCED DEAD: Month 1 Day 12 Year 1969 — 2d HOUR 4p M

7a BIRTHPLACE (State or foreign country): Md — 7b CITIZEN OF WHAT COUNTRY?: U.S.A. — 8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 9 COUNTY OF DEATH: Frederick Md.

10 CITY OR TOWN OF DEATH: Frederick — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 415 W. South St — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Contruction — 12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md — 13b COUNTY: Frederick Fred. — 13c CITY OR TOWN — 13d INSIDE CITY LIMITS? YES [X] NO [ ] — 13e STREET AND NUMBER: 227 W. South St.Fred Co

14 FATHER'S NAME First Garfield — Middle Rossevelt — Last Hoy,Sr — 15 MOTHER'S MAIDEN NAME First Viola — Middle NMN — Last Fossett

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes give war or dates of service): WW11 — 16b SOCIAL SECURITY NO: 216-22-7713 — 17 INFORMANT: Garfield R. Hoy,Sr — ADDRESS: 227 W. South St Fred,Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF
(b) Bilateral Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES [X] NO [ ]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH — 21b TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No — City or Town — County — State

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER: Robert J. Thomas M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

22b. DATE SIGNED: Jan. 13, 1969

EXAMINER'S NAME (Type): Robert J. Thomas — ADDRESS (Street, city, town, or county): Frederick,Md

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: 1-15-1969 — 23c NAME OF CEMETERY OR CREMATORY: Dorsey Chapel — 23d LOCATION (City or Town) (County) (State): New London Fred. Md

24 FUNERAL DIRECTOR: C.E. Hicks,111 Frederick,Md — ADDRESS

25a RECD BY REGISTRAR DATE: JAN 15 1969 — 25b REGISTRAR'S SIGNATURE: [illegible]

VR A15M(R) 10M REV 1-68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00842 — 00839

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First HORACE; Middle S.; Last JOHNSON
2a. DATE OF DEATH: Month January; Day 8; Year 1969
2b. HOUR: 11:15 P.M.
3. SEX: Male
4. RACE: Colored
5. DATE OF BIRTH: Aug. 16, 1885
6. AGE (In years last birthday): 83 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Mt. Airy
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): R. D. 3
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired-Trackman
12b. KIND OF BUSINESS OR INDUSTRY: Railroad
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Frederick
13c. CITY OR TOWN: Mt. Airy
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: R. D. 3
14. FATHER'S NAME: First Harry; Middle W.; Last Johnson
15. MOTHER'S MAIDEN NAME: First Catherine; Middle L.; Last Johnson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 218-10-8476A
17. INFORMANT: Harry W. Johnson — Address: Same As #13.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years
DUE TO, OR AS A CONSEQUENCE OF (b) Diabetes Mellitus — more than 6 years
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
25.19

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from Jan, 1965, to Jan, 1969, that (I) (we) last saw the deceased alive on Jan. 8 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W. B. Cudwell M.D. DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: Jan 9, 1969
22d. PHYSICIAN'S NAME (Type): W.B. Cudwell, M.D.
22e. ADDRESS: 900 So. Main St. - Mt. Airy, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/11/1969
23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
23d. LOCATION (City or Town) (County) (State): Carroll, Md.
24. FUNERAL DIRECTOR: C. M. Waltz, Box 241, Sykesville, Md.
ADDRESS
25a. REC'D BY REGISTRAR DATE JAN 13 1969
25b. REGISTRAR'S SIGNATURE: Charles Yingst

VR A15 (4) 30M REV 1/68

00845

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00840

1. DECEASED NAME (Type or print) First: Ernest C. Joynes; Middle; Last
2a. DATE OF DEATH Month 1/14/69 Day Year
2b. HOUR 9:55 A.M.
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 10/23/1895
6. AGE (In years last birthday): 73 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Balto / Frederick Md
10. CITY OR TOWN OF DEATH: Frederick, Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired
12b. KIND OF BUSINESS OR INDUSTRY: G & E Co.
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: —
13c. CITY OR TOWN: Balto
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 2502 W. Lafayette Avenue
14. FATHER'S NAME First: William E. Joynes; Middle; Last
15. MOTHER'S MAIDEN NAME First: Mary Gunnel; Middle; Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~XXXX~~ Yes (If yes give war or dates of service): Wwl
16b. SOCIAL SECURITY NO.: 212-05-5346A
17. INFORMANT: Mrs. Pauline H. Graf, Address: 4610 Cedar Garden Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic Cardiovascular disease — unknown
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Uremia; Anemia; Bronchiectasis; pneumonia.

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 14 JAN, 19 67, to 14 JAN, 19 69, that (I) (we) last saw the deceased alive on 14 JAN 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Geo I. Smith Jr M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 14 JAN 69
22d. PHYSICIAN'S NAME (Type): George I. Smith, Jr. M.d.
22e. ADDRESS: Frederick Memorial Hospital, Frederick

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/18/69
23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland
24. FUNERAL DIRECTOR: Witzke, ADDRESS: 4101 Edmondson Ave., 21229
25a. REC'D BY REGISTRAR DATE JAN 16 [redacted]
25b. REGISTRAR'S SIGNATURE: Florence Yonge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0084 — 30841

1. DECEASED-NAME (Type or print)	First: E.	Middle: Merle	Last: Kehne
2a. DATE OF DEATH	Month: Jan.	Day: 18	Year: 69
2b. HOUR	2:55 P.M.		
3. SEX	Female		
4. RACE	White		
5. DATE OF BIRTH	Oct. 30-1888		
6. AGE (In years last birthday)	80 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country)	Md.		
7b. CITIZEN OF WHAT COUNTRY?	~~I~~ U.S.A.		
8. MARITAL STATUS	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒		
9. COUNTY OF DEATH	Frederick Md		
10. CITY OR TOWN OF DEATH	Frederick		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Frederick Mem. Hospital		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Saleslady		
12b. KIND OF BUSINESS OR INDUSTRY	----------		
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE	Md.		
13b. COUNTY	Frederick		
13c. CITY OR TOWN	Frederick		
13d. INSIDE CITY LIMITS?	YES ☒ NO ☐		
13e. STREET AND NUMBER	116 W. Church St.		
14. FATHER'S NAME	First: George	Middle: Dallas	Last: Kehne
15. MOTHER'S MAIDEN NAME	First: Harriett	Middle: Frances	Last: Feete
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No	(If yes give war or dates of service) ----------	
16b. SOCIAL SECURITY NO.	218-18-3471		
17. INFORMANT	Mrs. Wm. Strouse	Address: 28 W. South St.-Frederick-Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF
(b) myocardial infarction — 3 wks
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Aortic stenosis; pneumonia

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 17 Jan, 1969, to 18 Jan, 1969, that (I) (we) last saw the deceased alive on 19 Jan 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: George I. Smith Jr. MD DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 18 JAN 69
22d. PHYSICIAN'S NAME (Type): George I. Smith-Jr.
22e. ADDRESS: 804 Toll House Ave., Frederick, Md.21701

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 22-1969
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24. FUNERAL DIRECTOR: M.R.Etchison & Son — ADDRESS: Thurmont Frederick, Md.21701
25a. RECD BY REGISTRAR DATE: JAN 21 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00847

CERTIFICATE OF DEATH

00842

1. DECEASED-NAME (Type or print) First: Naomi Middle: Ruth Last: Kelly		2a. DATE OF DEATH Month Jan. Day 21 Year 1969	2b. HOUR AM PM 9:30
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Aug. 17, 1903	6. AGE (In years last birthday) 65 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Fred. Co.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Own Home	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE: Md.	13b. COUNTY: Fred.	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 1505 Rosemont Ave.
14. FATHER'S NAME First: Milton Middle: Powell Last:		15. MOTHER'S MAIDEN NAME First: Anna Middle: Holcraft Last:	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes No or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO: Lost	17. INFORMANT: Clifford Kelly Address: 1505 Rosemont Ave. Fred

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: instant

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

4109

Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Adeno Carcinoma Colon with metastases

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Sept 17, 1962, to Jan 21, 1969, that (I) (we) last saw the deceased alive on Jan 21 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Thomas E. Stone — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED: 1-24-69
22d. PHYSICIAN'S NAME (Type): Thomas STONE	22e. ADDRESS: Frederick, MD	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-24-1969	23c. NAME OF CEMETERY OR CREMATORY: Lewistown Cem. — 23d. LOCATION (City or Town) (County) (State): Lewistown Fred. Co. Md.
24. FUNERAL DIRECTOR: Raymond E. Creager — ADDRESS: Raymond E. Creager Thurmont, Md.	25a. FILED BY REGISTRAR DATE: JAN 28 1969	25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06849 06843

1. DECEASED NAME (Type or Print) First: LEWIS	Middle: E.	Last: KLEIN	2a DATE OF DEATH: KNOWN ☐ ESTIMATED ☑ Month 1 Day 14 Year 1969
2b HOUR 4:55 P.M.	2c DATE PRONOUNCED DEAD Month 1 Day 14 Year 1969	2d HOUR 5:P.M.	
3 SEX: Male	4 RACE: White	5 DATE OF BIRTH: Oct. 20, 1896	6 AGE (In years last birthday): 72 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Frederick Md
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer-Retired	12b KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Carroll	13c CITY OR TOWN: Mt. Airy	13d INSIDE CITY LIMITS? YES ☐ NO ☒ 13e STREET AND NUMBER: Route 2
14 FATHER'S NAME First: George	Middle: L.	Last: Klein	15 MOTHER'S MAIDEN NAME First: Amanda Middle: Condon Last:
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 217-36-3937	17 INFORMANT: Mrs. Virginia L. Klein	ADDRESS: Same As #13.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) ACUTE CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(b) ARTERIOSCLEROTIC CARDIOVASCULAR Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑
21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Robert J. Thomas M.D.

EXAMINER'S NAME (Type) R. J. Thomas, M. D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS (Street city, town, or county)

22b **DATE SIGNED** 1-14-69

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/17/1969	23c NAME OF CEMETERY OR CREMATORY: Locust Grove	23d LOCATION (City or Town) (County) (State): Frederick, Md.
24 FUNERAL DIRECTOR: C. M. Waltz,	ADDRESS: Box 241, Sykesville, Md.	25a REC'D BY REGISTRAR DATE JAN 17 1969	25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5)
10M REV 1/68

1

00849

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00649

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First: Charles Middle: Franklin Last: Lakel
2a. DATE OF DEATH Month: Jan Day: 3 Year: 1969
2b. HOUR: 11P M
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: March 26 1898
6. AGE (In years lost birthday): 70 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Frederick, Md.
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Ret. electrician
12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 1414 West 7th Street
14. FATHER'S NAME First: Harry Middle: F. Last: Lakel
15. MOTHER'S MAIDEN NAME First: Effie Middle: Last: Stewart
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 214-10-1853
17. INFORMANT: Mrs. Clemmie F. Lakel Address: 1414 W. 7th St. Fred. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma with
DUE TO, OR AS A CONSEQUENCE OF
(b) metastases — 1 yr.
DUE TO, OR AS A CONSEQUENCE OF
(c)

1621

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Bronchopneumonia, chronic endotracheal

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Dec 15, 1968, to Jan 3, 1969, that (I) (we) last saw the deceased alive on Jan 3 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry V. Chase MD — DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS [ ]
22c. DATE SIGNED: 3 Jan 1969
22d. PHYSICIAN'S NAME (Type): Henry V. Chase MD
22e. ADDRESS: 804 Toll House Ave Frederick, Md.

23a. BURIAL CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-6-1969
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick, Frederick, Md.
24. FUNERAL DIRECTOR: Robert E. Dailey & Son — ADDRESS: Frederick, Maryland
25a. REC'D BY REGISTRAR DATE: JAN 8 1969
25b. REGISTRAR'S SIGNATURE: [signature]

VR A15 (4) 30M REV. 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

208.1) 30345

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First TOLBERT Middle F. Last LAWYER
2a. DATE OF DEATH: Month 1 Day 18 Year 69
2b. HOUR 930 AM
3. SEX: male
4. RACE: white
5. DATE OF BIRTH: 5-1-1913
6. AGE (In years last birthday): 55 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): CarrollCo
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Supv.
12b. KIND OF BUSINESS OR INDUSTRY: Bd. of Ed
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.
13b. COUNTY: Fred.
13c. CITY OR TOWN: Thurmont
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 411 E. Main St.
14. FATHER'S NAME: First Milton Middle O. Last Lawyer
15. MOTHER'S MAIDEN NAME: First Mary Middle E. Last Fike
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 215-16-5782
17. INFORMANT: Adeline M. Lawyer Address: Thurmont, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock — 36 hrs
DUE TO, OR AS A CONSEQUENCE OF
(b) Bleeding Duodenal Ulcer — 10 days
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Arteriosclerosis

19a. DATE OF OPERATION: 1-16-69
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Bleeding Duodenal Ulcer
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from 1-10, 1969, to 1-18, 1969, that (I) (~~we~~) last saw the deceased alive on 1-18 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: John M. Culler MD DEGREE — ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 1-18-69
22d. PHYSICIAN'S NAME (Type): JOHN M. CULLER
22e. ADDRESS: 15 E. 2ND ST. FREDERICK, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-21-69
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick Fred Co. Md.

24. FUNERAL DIRECTOR: Raymond E. Creager ADDRESS: Thurmont, Md.
25a. FILED BY REGISTRAR: JAN 22 1969 DATE
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (1) 30M REV 1/65

0085

00846

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print): First Helen; Middle West; Last Leidy

2a. DATE OF DEATH: Month Jan; Day 15; Year 69

2b. HOUR: 6 P M

3. SEX: Female

4. RACE: Caucasian

5. DATE OF BIRTH: March 31 1911

6. AGE (In years last birthday): 57 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS.: HOURS / M N

7a. BIRTHPLACE (State or foreign country): Pennsylvania

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Ijamsville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Riggs Hospital

12a. USUAL OCCUPATION (Kind of work done during most of work ng life, even if retired): AT HOME

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md

13b. COUNTY: Frederick

13c. CITY OR TOWN:

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET AND NUMBER: HAMSVILLE ROAD

14. FATHER'S NAME: First DR. C. F. M.; Middle LEIDY; Last

15. MOTHER'S MAIDEN NAME: First MARGARET; Middle RIDGELY; Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give proof, dates of service): NO

16b. SOCIAL SECURITY NO.: None

17. INFORMANT: FAMILY RECORDS; Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Possible Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF (b) ASHD

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4 w 7

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☑

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from July, 1968, to Jan, 1969, that (I) (we) last saw the deceased alive on Jan 15 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: William D Lerner M.D. DEGREE — ATTENDING PHYS ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: Jan 15

22d. PHYSICIAN'S NAME (Type): William D Lerner

22e. ADDRESS: Ijamsville Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: Jan. 16, 1969

23c. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.

23d. LOCATION (City or Town) (County) (State): Balto., Md.

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.

ADDRESS

25a. REC'D BY REGISTRAR DATE JAN 20 1969

25b. REGISTRAR'S SIGNATURE: Charles Yingling

VR A15 30M REV

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

00852

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00847

1 DECEASED-NAME (Type or print): First: Lydia; Middle: H.; Last: Lochner

2a. DATE OF DEATH: Month Jan Day 16 Year 1969

2b HOUR: 9 PM

3. SEX: Female

4 RACE: White

5. DATE OF BIRTH: March 16- 1876

6 AGE (In years last birthday): 92 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN

7a BIRTHPLACE (State or foreign country): Frederick

7b CITIZEN OF WHAT COUNTRY? United States

8 MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Frederick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Nursing 400 North Ave

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Homemaker

12b. KIND OF BUSINESS OR INDUSTRY: ——

13a USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE: Md.

13b COUNTY: Frederick

13c CITY OR TOWN: Frederick

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: Frederick, Md. 600 Magnolia Ave.

14 FATHER'S NAME: First Henry; Middle W.; Last Haller

15 MOTHER'S MAIDEN NAME: First Elizabeth; Middle; Last Darnell

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service) ——

16b SOCIAL SECURITY NO: 217-10-9067

17 INFORMANT: Henry N. Lochner- Address 19 W. 3rd. St.-Frederick- Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Thrombosis, Middle Cerebral Artery — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO OR AS A CONSEQUENCE OF (b) " " " — 2 years

DUE TO, OR AS A CONSEQUENCE OF (c) ——

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Hypertensive Cardiovascular Disease

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from Sept 17, 1964, to Jan 16, 1969, that (I) (we) last saw the deceased alive on 12-24 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Thomas E. Stone

DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 1-16-69

22d. PHYSICIAN'S NAME (Type): Thomas STONE

22e ADDRESS: Frederick MD

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: Jan. 18-1969

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24 FUNERAL DIRECTOR: M.R.Etchison & Son ADDRESS: Frederick, Md. 21701

25a REC'D BY REGISTRAR DATE: JAN 17 1969

25b REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 45M - 1/69

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 45M - 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00850 — 00848

1 DECEASED-NAME (Type or print) First: DESSIE	Middle: GERTRUDE	Last: MILLER	2a DATE OF DEATH Month: January Day: 22 Year: 1969 — 2b HOUR: 10:09 A.M.
3 SEX: Female	4 RACE: Caucasion	5 DATE OF BIRTH: April 11, 1876	6 AGE (In years last birthday): 92 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: U. S. A.	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Frederick Md
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Nursing Center	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Frederick	13c CITY OR TOWN: Frederick	13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: 8 West Third Street
14 FATHER'S NAME First: John	Middle: Jacob	Last: Putman	15 MOTHER'S MAIDEN NAME First: Rebecca — Middle: — Last: Shriver
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFORMANT: Mrs. Philip Wertheimer, 8 W. Third St.	Address: Frederick, Md.

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest

DUE TO, OR AS A CONSEQUENCE OF (b) ASHD

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 4123

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC)	21f LOCATION Street or R.F.D. No. — City or Town — County — State	

22a. I certify that (I) (~~this hospital~~) attended the deceased from 4/7/67, 19____, to 1/22/69, 19____, that (I) (we) last saw the deceased alive on 1/22/69, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: A. Austin Pearre Jr.	DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c DATE SIGNED: 1/22/69	
22d PHYSICIAN'S NAME (Type): A. Austin Pearre, Jr. M.D.	22e ADDRESS: Toll House Ave. Frederick, Maryland		
23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: Jan. 24, 1969	23c NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	23d LOCATION (City or Town): Frederick (County): Frederick (State): Md.
24 FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland	ADDRESS: Frederick	25a REC'D BY REGISTRAR DATE: JAN 27 1969	25b REGISTRAR'S SIGNATURE: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00854 00849

CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print): First Martha Middle Lee Last Monroe

2a. DATE OF DEATH: Month I Day 17 Year 69

2b. HOUR: M

3 SEX: Female

4. RACE: White

5 DATE OF BIRTH: 6/4/1893

6 AGE (In years on last birthday): 75 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): VIRGINIA

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9 COUNTY OF DEATH: Frederick Md.

10 CITY OR TOWN OF DEATH: Brunswick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 13 West 'G' St.

12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): Housewife

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission): Maryland

13b COUNTY: Frederick

13c CITY OR TOWN: Brunswick

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 13 West 'G' St.

14. FATHER'S NAME: First William Middle Last Tavener

15. MOTHER'S MAIDEN NAME: First Elizabeth Middle Last Cummings

16a WAS DECEASED EVER IN U.S. ARMED FORCES? No (Yes, no or unknown) (If yes give war or dates of service)

16b SOCIAL SECURITY NO: none

17. INFORMANT: William F. Monroe - Address: Brunswick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Pulmonary Edema +

1899

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO OR AS A CONSEQUENCE OF (b) Bilateral Pleural Effusions

DUE TO, OR AS A CONSEQUENCE OF (c) Fibrinous Pericarditis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk; 2 wks

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Cirrhosis of Gallbladder (Chronic Stones)

19a. DATE OF OPERATION:

19b CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [ ]

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 4/3, 1964, to 1/17, 1969, that (I) (we) last saw the deceased alive on 1/16/1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above; (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: C. Y. Brice M.D. DEGREE ATTENDING PHYS [✓] MED. DIRECTOR [ ] STAFF PHYS [ ]

22c DATE SIGNED:

22d. PHYSICIAN'S NAME (Type): C. Y. Brice

22e ADDRESS:

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/20/69

23c. NAME OF CEMETERY OR CREMATORY: Park Heights Cemetery

23d. LOCATION (City or Town) (County) (State): Brunswick Fred. Md.

24 FUNERAL DIRECTOR: Feete Funeral Home - ADDRESS: Brunswick, Md.

25a. REC'D BY REGISTRAR DATE: JAN 21 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and not later than 24 hours after death.

VR A15 (3) 45M - 1-69

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00850

CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print) First: Ruth	Middle: Helen	Last: Peddicord	2a. DATE OF DEATH Month: January Day: 9, Year: 1969
2b HOUR: 10.25 a.m.			
3. SEX: Female	4 RACE: White	5. DATE OF BIRTH: December 20, 1892	6. AGE (In years last birthday): 76 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN.
7a BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U. S. A.	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Md. Odd Fellows Home	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Frederick	13c CITY OR TOWN: Frederick	13d INSIDE CITY LIMITS? YES ☒ NO ☐
13e STREET AND NUMBER: 1306 W. 7th.			
14 FATHER'S NAME First: William	Middle: A.	Last: Fogle	15 MOTHER'S MAIDEN NAME First: Carrie Middle: Irene Last: Rowe
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 215 18 2382	17 INFORMANT Address: Md. Odd Fellows Records, Frederick, Maryland	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral arteriosclerotic vascular disease — 10 years.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Jan, 1967, to Jan 9, 1969, that (I) (we) last saw the deceased alive on Jan 9, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: LeRoy T Davis DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐		22c DATE SIGNED: Jan. 11, 1969
22d PHYSICIAN'S NAME (Type): LeRoy T Davis M.D	22e ADDRESS: 228 N. Market St. Frederick, Maryland	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: Jan. 14, 1969	23c NAME OF CEMETERY OR CREMATORY: United Brethren Cemetery	23d LOCATION (City or Town): Thurmont	(County): Frederick (State): Md.
24 FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland	ADDRESS: Frederick	25a. REC'D BY REGISTRAR: JAN 14 1969	25b. REGISTRAR'S SIGNATURE: Charles Jenkins	

VR A15 45M - 1

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form [illegible] 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3085 — 90851

1 DECEASED NAME (Type or Print) First: FRANK Middle: S. Last: PENN		2a DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month Day Year: Jan. 6, 1969	2b HOUR: M
3 SEX: Male	4. RACE: White	5. DATE OF BIRTH: Dec. 9, 1901	6. AGE (in years last birthday): 67 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN.
2c DATE PRONOUNCED DEAD Month Day Year 19	2d HOUR: M		
7a BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Frederick Md.
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Miller	12b KIND OF BUSINESS OR INDUSTRY: Feed Mill
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b COUNTY: Carroll	13c CITY OR TOWN: Westminster	13d INSIDE CITY LIMITS? YES ☐ NO ☒
13e STREET AND NUMBER: R. D. 5			
14 FATHER'S NAME First: Corwin Middle: Last: Penn		15 MOTHER'S MAIDEN NAME First: Mertie Middle: Last: Gosnell	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-18-2557	17 INFORMANT: Mrs. Agnes R. Penn	ADDRESS: Same As #13.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No. City or Town County State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J. Thomas M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED: Jan. 7, 1969

EXAMINER'S NAME (Type): Dr. Robert J. Thomas ADDRESS (Street, city, town or county): Frederick, Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 1/9/1969	23c NAME OF CEMETERY OR CREMATORY: Bethel Cemetery	23d LOCATION (City or Town) (County) (State): Carroll, Md.
24 FUNERAL DIRECTOR: C. M. Waltz	ADDRESS: Box 241, Sykesville, Md.	25a RECD BY REGISTRAR: JAN 9 1969	25b REGISTRAR'S SIGNATURE: [illegible]

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0085 00352

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print): First James; Middle Herbert; Last Porter

2a DATE OF DEATH: Month Jan; Day 9; Year 1969

2b HOUR: 6:35 A.M.

3 SEX: Male

4 RACE: White

5. DATE OF BIRTH: Jan 7 1881

6. AGE (in years last birthday): 88 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): North Ga

7b CITIZEN OF WHAT COUNTRY?: U S A

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 COUNTY OF DEATH: Frederick Md

10. CITY OR TOWN OF DEATH: Frederick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Frederick nursing home

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired

12b KIND OF BUSINESS OR INDUSTRY: Invalid Home

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: md

13b COUNTY: Frederick

13c CITY OR TOWN: Brunswick

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 1112 2nd ave

14. FATHER'S NAME: First Charles; Middle; Last Porter

15 MOTHER'S MAIDEN NAME: First unknown; Middle; Last

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b SOCIAL SECURITY NO: 220-44-7[illegible]

17 INFORMANT: James Albert Porter Address: Brunswick md

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Infarction of brain — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO, OR AS A CONSEQUENCE OF

(b) Thrombosis of left middle cerebral artery — 5 days

DUE TO, OR AS A CONSEQUENCE OF

(c) Arteriosclerosis advanced — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While ☐ at work Not while ☐ at work

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from July 24, 1968, to Jan 9, 1969, that (I) (we) last saw the deceased alive on Jan 9 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Henry V Chase MD — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 9 Jan 1969

22d PHYSICIAN'S NAME (Type): Henry V. Chase

22e. ADDRESS: 804 Toll House Frederick Md

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-12-69

23c NAME OF CEMETERY OR CREMATORY: Park Heights

23d LOCATION (City or Town) (County) (State): Brunswick ~~Fred~~ md

24 FUNERAL DIRECTOR: Feete Funeral Home ADDRESS: Brunswick md

25a RECD BY REGISTRAR DATE: JAN 14 1969

25b REGISTRAR'S SIGNATURE: [illegible]

VR A151 4SM

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, page 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00853

CERTIFICATE OF DEATH

00858

1. DECEASED-NAME (Type or print) First: MYRTLE Middle: IRENE Last: POWELL

2a. DATE OF DEATH: Jan Month 11 Day 69 Year

2b. HOUR: 11:54 P.M.

3. SEX: F

4. RACE: W

5. DATE OF BIRTH: Aug. 15, 1889

6. AGE (In years last birthday): 79 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 2 E. 14th. St.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Frederick

13c. CITY OR TOWN: Frederick

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER: 2 E. 14th St.

14. FATHER'S NAME First: ~~Myrtle~~ Jacob Middle: Last: POWELL

15. MOTHER'S MAIDEN NAME First: Sarah Middle: Last: Routshaw

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 217-18-8558

17. INFORMANT: Mrs. R. Wm. Sowell, Address: 8219 Belair Rd. Baltimore 21236

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis, Middle Cerebral Artery — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 Days

DUE TO, OR AS A CONSEQUENCE OF (b) Thrombosis, Middle Cerebral Artery — 5 Months

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Sept 17, 1962, to Jan 11, 1969, that (I) (we) last saw the deceased alive on Jan 11 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Thomas E. Stone — DEGREE: ATTENDING PHYS ☐ MED. DIRECTOR ☑ STAFF PHYS ☐

22c. DATE SIGNED: 1-13-69

22d. PHYSICIAN'S NAME (Type): Thomas STONE

22e. ADDRESS: Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/15/69

23c. NAME OF CEMETERY OR CREMATORY: Chapel Cemetery

23d. LOCATION (City or Town) (County) (State): Mt. Libertytown Fred. Md.

24. FUNERAL DIRECTOR: J. C. Barton, ADDRESS: 40 Fulton Ave. Walkersville Md.

25a. REC'D BY REGISTRAR DATE JAN 16 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15
30M REV.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

9085 J

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0354

1 DECEASED-NAME (Type or print): First Edith; Middle H.; Last Radcliffe

2a DATE OF DEATH: Month 1; Day 15; Year 69

2b HOUR: 4:45 P.M.

3 SEX: female

4. RACE: caucasion

5. DATE OF BIRTH: 5/31/88

6. AGE (In years last birthday): 80 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, M.N

7a BIRTHPLACE (State or foreign country): Frederick

7b CITIZEN OF WHAT COUNTRY?: U.S.A.

8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9 COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Frederick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Nursing Center

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): school teacher

12b KIND OF BUSINESS OR INDUSTRY: ——

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Frederick

13c CITY OR TOWN: Frederick

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: Tower Apts. East Church St.

14 FATHER'S NAME: First James; Middle Marshall; Last Radcliffe

15 MOTHER'S MAIDEN NAME: First Annie; Middle R.; Last Wagner

16a WAS DEASCEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes give war or dates of service): ——

16b SOCIAL SECURITY NO: 217-10-9067

17 INFORMANT: A.Atlle Radcliffe- 146 Fairview Ave. Frederick Address Md.21701

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Massive upper GI bleeding

DUE TO, OR AS A CONSEQUENCE OF (b) ASHD

DUE TO, OR AS A CONSEQUENCE OF (c) Cerebrovascular disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

4123

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While ☐ at work Not while ☐ at work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (this hospital) attended the deceased from July 4, 19 66, to Jan 15, 19 69, that (I) (we) last saw the deceased alive on 1/13/69 19 ___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: A. Austin Pearre Jr. DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 1/15/69

22d. PHYSICIAN'S NAME (Type): Dr. A. Austin Pearre, Jr.

22e ADDRESS: 804 Toll House Ave., Frederick, Md.21701

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: Jan. 18-1969

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24 FUNERAL DIRECTOR: M.R.Etchison & Son

ADDRESS: Frederick, Md.21701

25a REC'D BY REGISTRAR DATE: JAN 17 1969

25b REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15 (4) 45M 1-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00855

CERTIFICATE OF DEATH

1 DECEASED NAME (Type or print): First: Lola Middle: L. Last: REDMOND

2a. DATE OF DEATH: Month JAN Day 29 Year 69

2b. HOUR: M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: July 25, 1893

6. AGE (In years last birthday): 75 YRS. | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HRS: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): MD.

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hosp.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Canner

12b. KIND OF BUSINESS OR INDUSTRY: Canning Fac

13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Frederick

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 229 W. Patrick St.

14. FATHER'S NAME First Middle Last: Rudolph O. Tyeryar

15. MOTHER'S MAIDEN NAME First Middle Last: Alice V. Phelps

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 213-24-9341

17. INFORMANT: Mildred L. Saville Address: Frederick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 Days

DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Carcinoma of Lt. Lung — 1 yr.

DUE TO, OR AS A CONSEQUENCE OF (c) Endometrial Carcinoma — 2-3 yrs.

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): —

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~his hospital~~) attended the deceased from Dec. 30, 1967, to JAN. 29, 1969, that (I) (~~we~~) last saw the deceased alive on JAN. 29 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death

22b. SIGNATURE: Ralph L. Michles M.D. DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: JAN. 30, 69

22d. PHYSICIAN'S NAME (Type): Ralph L. Michles

22e. ADDRESS: Frederick, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: ~~JAN~~ 2-2-69

23c. NAME OF CEMETERY OR CREMATORY: Frederick Mem. Park

23d. LOCATION (City or Town) (County) (State): Frederick Fred. Md.

24. FUNERAL DIRECTOR: Salamone Funeral Home ADDRESS: Frederick, Md.

25a. REC'D BY REGISTRAR DATE: FEB 3 1969

25b. REGISTRAR'S SIGNATURE: [illegible], Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15(4) 30M REV 1968

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00861 00856

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print): First Walter, Middle D., Last Remsberg or Remsburg

2a. DATE OF DEATH: Month Jan., Day 19, Year 69

2b. HOUR: 7:35 a.m.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: Dec. 25-1882

6. AGE (In years last birthday): 86 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Adamstown

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ——

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer

12b. KIND OF BUSINESS OR INDUSTRY: ——

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Adamstown

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: Rural

14. FATHER'S NAME: First Gideon, Middle James, Last Remsberg

15. MOTHER'S MAIDEN NAME: First Alice, Middle Virginia, Last Shellman

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): ——

16b. SOCIAL SECURITY NO: 212-38-9647

17. INFORMANT: Charles E. Remsberg — Address: Adamstown- Md. 21710

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

4123

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from ——, 1955, to 1-19, 1969, that (I) (we) last saw the deceased alive on 1-10 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Rex Martin — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED: Jan. 20-1969

22d. PHYSICIAN NAME (Type): Dr. Rex R. Martin

22e. ADDRESS: 220 N. Market St. Frederick, Md. 21701

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 22-1969

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City or Town) (County) (State): Frederick, Md. 21701

24. FUNERAL DIRECTOR: M.R.Etchison & Son — ADDRESS: Frederick, Md.21701

25a. REC'D BY REGISTRAR — DATE: JAN 21 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4) 30M REV 1-68

Item#2a, Film 1/09 1/30
Item 23c Film
1/29/69 11w 0086

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0857

FOR STATE HEALTH DEPT.

1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First / Middle / Last: WILLIAM HENRY RODGERS		2a DATE OF DEATH: KNOWN ☐ EST MATED ☒ Month 1 Day 23 Year 1969	2b HOUR M
3 SEX: M	4 RACE: W	5 DATE OF BIRTH: Mar. 30 1882	6 AGE (In years last birthday): 86 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.
2c DATE PRONOUNCED DEAD: Month Jan. Day 23 Year 1969	2d HOUR 9.22 A.M.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Frederick Md.
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hosp.	12a USLA. OCCUPATION (Kind of work done during most of working life, even if retired): Laborer	12b KIND OF BUSINESS OR INDUSTRY: Lime Plant
13a USLA. RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c CITY OR TOWN: Le Gore	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: —
14 FATHER'S NAME First / Middle / Last: GEORGE RODGERS		15 MOTHER'S MAIDEN NAME First / Middle / Last: MARY ZIMMERMAN	
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 219-12-2361	17. INFORMANT: Mrs Carolyn Naugle, Le Gore, Md. ADDRESS	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(b) FRACTURED LEFT HIP

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☒ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year: 9 HOUR ~~A.M.~~ P.M. 1-12 1969	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18): FELL IN YARD AT HOME
21d INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.): HOME	21f. LOCATION Street or R.F.D. No / City or Town / County / State: LE GORE – FREDERICK – MD.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from. Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J. Thomas M.D.

EXAMINER'S NAME (Type): ROBERT J. THOMAS

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 1-23-69

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 1/26/69	23c NAME OF CEMETERY OR CREMATORY: Chapel Hill Mem. Cem. Bliss Ridge Rolling	23d LOCATION (City or Town) (County) (State): Thurmont Fred., Md.	
24. FUNERAL DIRECTOR: Y.C. Barton, 70 Fulton Ave, Walkersville, Md	ADDRESS	25a. REC'D BY REGISTRAR DATE JAN 27 1969	25b REGISTRAR'S SIGNATURE: [illegible], Judge.	

VR A15ME (5)
10M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in parenthesis in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00865 — 00358

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print): First **Orbin** Middle (NMN) Last **Seal**

2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☑ Month 1 Day 10 Year 1969 — 2b. HOUR 9:00 A.M.

2c. DATE PRONOUNCED DEAD Month 1 Day 10 Year 1969 — 2d. HOUR 1:30 P.M.

3. SEX: **Male** — 4. RACE: **White** — 5. DATE OF BIRTH: **Jan. 16 1912** — 6. AGE (In years last birthday): **58** YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): **Tenn.** — 7b. CITIZEN OF WHAT COUNTRY?: **U.S.A.** — 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: **Frederick** Md.

10. CITY OR TOWN OF DEATH: **Frederick** — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): **Frederick Mem.** — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): **Saw Mill** — 12b. KIND OF BUSINESS OR INDUSTRY: **Lumber**

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: **Md.** — 13b. COUNTY: **Montgomery** — 13c. CITY OR TOWN: **Derwood** — 13d. INSIDE CITY LIMITS? YES ☐ NO ☑ — 13e. STREET AND NUMBER: **5904 Muncaster Mill Rd.**

14. FATHER'S NAME First **Abijah** Middle Last **Seal** — 15. MOTHER'S MAIDEN NAME First **Amanda** Middle Last **Rhea**

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **No** (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO.: **220 34 3675** — 17. INFORMANT: **Lucille Seal** — ADDRESS: **Same 13**

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J. Thomas M.D.

EXAMINER'S NAME (Type): R. J. Thomas, M. D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 1-11-69

23a. BURIAL, CREMATION, REMOVAL (Specify): **Burial** — 23b. DATE: **Jan. 13 1969** — 23c. NAME OF CEMETERY OR CREMATORY: **Seal Farm** — 23d. LOCATION (City or Town) (County) (State): **Etchison Mont. Md.**

24. FUNERAL DIRECTOR: **Francis H. Barber** — ADDRESS: **Laytensville Md.** — Francis H. Barber

25a. REC'D BY REGISTRAR DATE: JAN 15 1969 — 25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15ME (5) 10M REV 1/68

3086 .
Items#13a,b,c,e,FilmGL09 2/3/69 K

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

60859

1. DECEASED-NAME (Type or print) First: VIOLA Middle: Whitmore Last: SEIPLER	2a. DATE OF DEATH Month: Jan Day: 25 Year: 1969	2b. HOUR 6:13 AM	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: April 8. 1901	6. AGE (In years last birthday) 67 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS: HOURS, MIN
7a BIRTHPLACE (State or foreign country) Frederick Co.	7b. CITIZEN OF WHAT COUNTRY? U.S.A	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9 COUNTY OF DEATH Frederick. Md.
10 CITY OR TOWN OF DEATH Thurmont	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) West Main St	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife	12b KIND OF BUSINESS OR INDUSTRY Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Thurmont	13d INSIDE CITY LIMITS? YES [X] NO [ ] 13e STREET AND NUMBER 109 W. Main Street
14. FATHER'S NAME First: John Middle: Lost: Whitmore	15. MOTHER'S MAIDEN NAME First: Clemmie Middle: Last: Miller		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 220-05-6901	17. INFORMANT Cordia A. Seipler Address: West Main St Thurmont. Md	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the left breast — 7 mos
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

4 X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
None

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED None	20a. AUTOPSY? YES [ ] NO [ ]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day None Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (At home, farm, street factory, office building, etc)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a I certify that (I) ~~(this hospital)~~ attended the deceased from June 15, 1968, to Jan 25, 1969, that (I) ~~(we)~~ last saw the deceased alive on Jan 23 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE James K. Gray M.D. DEGREE	ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]		22c. DATE SIGNED 1-27-69
22d. PHYSICIAN'S NAME (Type) James K. Gray	22e. ADDRESS Thurmont Md		

23a BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/28/69	23c NAME OF CEMETERY OR CREMATORY United Brethern Cem.	23d. LOCATION (City or Town) Thurmont (County) Frdk. Co. (State) MD
24 FUNERAL DIRECTOR Raymond E. Creager ADDRESS Thurmont Md Raymond E. Creager	25a REC'D BY REGISTRAR DATE JAN 29 1969	25b. REGISTRAR'S SIGNATURE J. Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1.5 (4)
30M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0086 — 00660

1 DECEASED NAME (Type or print): First JOHN; Middle EMMERT; Last SHEPLEY

2a. DATE OF DEATH: Month January; Day 19; Year 1969

2b HOUR: M

3 SEX: male

4 RACE: white

5 DATE OF BIRTH: April 28, 1882

6 AGE (In years last birthday): 86 YRS

IF UNDER 1 YEAR: MONTHS, DAYS

IF UNDER 24 HRS: HOURS, MIN

7a BIRTHPLACE (State or foreign country): Fred.Co.Md.

7b CITIZEN OF WHAT COUNTRY?: U.S.A.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Frederick

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 239 E.Church St.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Ret.Farmer

12b KIND OF BUSINESS OR INDUSTRY: Gen.Farm.

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b COUNTY: Frederick

13c CITY OR TOWN: Frederick

13d INSIDE CITY LIMITS? YES [X] NO [ ]

13e STREET AND NUMBER: 239 E.Church St.

14 FATHER'S NAME: First John; Middle F.; Last Shepley

15 MOTHER'S MAIDEN NAME: First Susan; Middle Grossnickle; Last Shepley

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b SOCIAL SECURITY NO: 215-26-9161

17 INFORMANT: Mrs.J.E.Shepley Address Frederick,Md. 239 E.Church St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Coronary heart disease — 7 years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a I certify that (I) (this hospital) attended the deceased from 3/21, 1961, to 1/19, 1969, that (I) (we) last saw the deceased alive on 1/18 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b SIGNATURE: James B. Turner DEGREE: ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c DATE SIGNED

22d PHYSICIAN'S NAME (Type)

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: Jan.22,1969

23c NAME OF CEMETERY OR CREMATORY: Mt.Zion United Methodist

23d LOCATION (City or Town) (County) (State): Myersville,Fred.Co.Md.

24 FUNERAL DIRECTOR: Paul F.Bittle, Myersville, Md. ADDRESS

25a REC'D BY REGISTRAR DATE: JAN 21 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1 45M

1

00860

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00861

1. DECEASED-NAME (Type or print): First Frank; Middle C.; Last Shook

2a. DATE OF DEATH: Month Jan. Day 4 Year 69

2b. HOUR: M

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: March 5-1879

6. AGE (In years last birthday): 89 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Nursing Home

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired- Salesman

12b. KIND OF BUSINESS OR INDUSTRY: Sections Whlsale Con-

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Frederick

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 324 Park Avenue

14. FATHER'S NAME: First Daniel; Middle; Last Shook

15. MOTHER'S MAIDEN NAME: First Harriett; Middle; Last Kintz

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): ——

16b. SOCIAL SECURITY NO: 214-10-4401

17. INFORMANT: Miss Delores Shook- Address: Allentown, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 4 hrs

4133

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease — many years

DUE TO, OR AS A CONSEQUENCE OF (c) Fx left hip — 2 weeks

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION: None

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 15 Dec, 1968, to 4 Jan, 1969, that (I) (~~we~~) last saw the deceased alive on 27 Dec 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Robert R. Roberts — DEGREE: MD — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: Jan. 4- 1969

22d. PHYSICIAN'S NAME (Type): Dr. R.R.Roberts

22e. ADDRESS: Frederick Medical Center-Frederick-Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 7-1969

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d. LOCATION (City or Town) (County) (State): Frederick- Md. 21701

24. FUNERAL DIRECTOR: M.R.Etchison & Son — ADDRESS: Whitmore Frederick, Md.21701

25a. REC'D BY REGISTRAR DATE: JAN 8 1969

25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

0086.

Item6 FilmG408 1/13/69 kk

00862

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print): First Bessie Middle L. Last Simpson
2a. DATE OF DEATH: Month Jan. Day 4 Year 69
2b. HOUR: M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: May 7th 1888
6. AGE (In years last birthday): 81 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Va.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Fredrick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): MonocacyN. H.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Frederick
13c. CITY OR TOWN: Fredrick
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 1314N.Market,Fredrick
14. FATHER'S NAME First Montie Middle Steed Last
15. MOTHER'S MAIDEN NAME First Rebecca Middle Frances Last Burk
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 227-70-7712
17. INFORMANT: Mildred Sundergill Address: 1314 N.Market St. Fredrick, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bilatiral bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 485 x

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Ch. Congestive failure due to Ch. Cor Pulmonale 15 yrs.

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 1951, 19____, to 4 Jan, 1969, that (I) (we) last saw the deceased alive on 4 Jan 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Charles H. Corley, Jr. M.D. DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 6 Jan. 1969
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 7-1969
23c. NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
23d. LOCATION (City or Town) (County) (State): Berryville- Virginia
24. FUNERAL DIRECTOR: Edwood T. Hutchison & Son ADDRESS: Whitmore Frederick, Md.21701
25a. REC'D BY REGISTRAR DATE: JAN 10 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0086 00863

1. DECEASED NAME (Type or print) First: Annie Middle: Virginia Last: Smith	2a. DATE OF DEATH Month: Jan. Day: 20 Year: 69	2b. HOUR 3:00 M	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: June 25-1892	6. AGE (In years last birthday): 76 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: -----
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ 13e. STREET AND NUMBER: 128 S. Market St.
14. FATHER'S NAME First: Wm. Middle: Tobias Last: Martin		15. MOTHER'S MAIDEN NAME First: Nettie Middle: Last: Runkles	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service): ----------	16b. SOCIAL SECURITY NO.: 214-46-7346	17. INFORMANT: Kensington Address: Md. Thomas D. Smith- 3918 Kincaid Dr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial infarction	1 WK.
DUE TO, OR AS A CONSEQUENCE OF (b)	Bilateral pneumonitis	2-3 WKS
DUE TO, OR AS A CONSEQUENCE OF (c)	Influenza	4 WKS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

F/U X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Nov. 11, 1968, to Jan. 21, 1969, that (I) (we) last saw the deceased alive on Jan. 21 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Ralph L. Michels, M.D. DEGREE ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED: Jan. 21-1969
22d. PHYSICIAN'S NAME (Type): Ralph L. Michels	22e. ADDRESS: Fred'k. Medical Center- Frederick, Md.	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 23-1969	23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery	23d. LOCATION (City or Town) (County) (State): Lovettsville- Va.
24. FUNERAL DIRECTOR: Edward T. M.R.Etchison & Son	ADDRESS: Whitmore Frederick, Md.21701	25a. REC'D BY REGISTRAR DATE: JAN 22 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

1

00863

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00864

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Josephine; Middle: Caldonia; Last: Smith
2a. DATE OF DEATH: Month: Jan; Day: 1; Year: 1969
2b. HOUR: M
3. SEX: Female
4. RACE: Negro
5. DATE OF BIRTH: 9-1-1881
6. AGE (In years last birthday): 87 YRS. If under 1 year: Months / Days. If under 24 hrs: Hours / Min
7a. BIRTHPLACE (State or foreign country): Md
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 28 W. 6th Street
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Domestic
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 28 W. 6th St, Fred. Md
14. FATHER'S NAME: First: Emanuel; Middle: NMN; Last: Goins
15. MOTHER'S MAIDEN NAME: First: Emily; Middle: Demara; Last: Bowie
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes give war or dates of service): ********
16b. SOCIAL SECURITY NO: 220-30-9388
17. INFORMANT: Ruth Willis
Address: 378 Madison Street, Frederick, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Senility — Approximate interval between onset and death: 5 yrs
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
794
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
794
19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION: Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1955, 19__, to 1-1-, 1969, that (I) (we) last saw the deceased alive on 1-1-1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Rex R Martin — DEGREE: ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED:
22d. PHYSICIAN'S NAME (Type): Rex R Martin
22e. ADDRESS: Frederick Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-4-1969
23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City or Town) (County) (State): Frederick Fred Md
24. FUNERAL DIRECTOR: C.E. Hicks III
ADDRESS: Frederick, Md
25a. REC'D BY REGISTRAR DATE: JAN 3 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (1) 30M REV

Item# 18&22x Film 409
2-4-69 ams
00870

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00365

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) First: Grace	Middle: Burlington	Last: Snedaker	2a. DATE OF DEATH Month: January Day: 10 Year: 1969 — 2b HOUR: 8 a.m
3 SEX: Female	4 RACE: White	5 DATE OF BIRTH: February 7,1890	6 AGE (In years last birthday): 78 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a BIRTHPLACE (State or foreign country): N.Y. Binghamton	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Frederick Md
10. CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Clerk	12b. KIND OF BUSINESS OR INDUSTRY: Gov't
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Frederick	13c. CITY OR TOWN: Pt. of Rocks	13d INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e STREET AND NUMBER: Point of Rocks
14. FATHER'S NAME First: Elias	Middle: Delbert	Last: Snedaker	15 MOTHER'S MAIDEN NAME First: Lena — Middle: Burlington — Last:
16a WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: None	17. INFORMANT: Rev. Mary Kibbe, Point of Rocks, Maryland	Address

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I. DEATH WAS CAUSED BY

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Broncho pneumonia & pulmonary infarction	5 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Right atrial mural thrombosis	4-6 wks.
DUE TO, OR AS A CONSEQUENCE OF (c)	Arteriosclerotic heart disease	2-3 yrs.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): A granulocytosis & thrombocytopenia due to probable lymphoma of bone marrow

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☒ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No — City or Town — County — State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19 63, to JAN. 10, 19 69, that (I) (~~we~~) last saw the deceased alive on JAN. 10 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Ralph L. Michels, M.D. DEGREE	ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐		22c DATE SIGNED: Jan. 11, 1969
22d. PHYSICIAN'S NAME (Type): R. L. Michels, M.D.		22e. ADDRESS: Frederick Med. Center, Frederick, Md.	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: Jan. 13,1969	23c NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery	23d LOCATION (City or Town): Washington	(County) (State): D.C.
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland	ADDRESS: Frederick	25a REC'D BY REGISTRAR DATE: JAN 14 1969	25b REGISTRAR'S SIGNATURE: Charles Yuzge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15(M)
45M - 1/68

1

0087

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00866

1. DECEASED-NAME (Type or print) First: John Middle: Edgar Last: Spriggs	2a. DATE OF DEATH Month: 1 Day: 13 Year: 69	2b. HOUR 7:15 A.M.	
3. SEX: Male	4. RACE: Negro	5. DATE OF BIRTH: 10-16-1886	6. AGE (in years last birthday): 82 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: FRederick Md.
10. CITY OR TOWN OF DEATH: Monrovia	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rt 1	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Canning Factory	12b. KIND OF BUSINESS OR INDUSTRY: ******
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md	13b. COUNTY: Fred.	13c. CITY OR TOWN: Monrovia	13d. INSIDE CITY LIMITS? YES ☐ NO ☒ 13e. STREET AND NUMBER: Rt 1
14. FATHER'S NAME First: Benjamin Middle: NMN Last: Spriggs		15. MOTHER'S MAIDEN NAME First: Lidia Middle: NMN Last: Jurricks	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): ******	16b. SOCIAL SECURITY NO: 220-10-5820A	17. INFORMANT: Joseph Walter Spriggs Address: Rt1 Monrovia Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Cerebral Infarct — 12 hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Cerebral vascular disease — 12 months

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4125

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 10/23, 1968, to 1/13, 1969, that (I) (we) last saw the deceased alive on 1/13 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Alvin W. Thomas	DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 1/14/1969
22d. PHYSICIAN'S NAME (Type): James B. Thomas	22e. ADDRESS: Professional Bldg, Fred. Md	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-16-69	23c. NAME OF CEMETERY OR CREMATORY: Ebenezer	23d. LOCATION (City or Town) (County) (State): Centerville Fred. Md
24. FUNERAL DIRECTOR: C.E. Hicks, 111 Frederick, Md	ADDRESS	25a. REC'D BY REGISTRAR DATE: JAN 17 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A-16 (4)
30M REV. 7-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0087 — 0367

1 DECEASED NAME (Type or Print) First: John	Middle: Elmer	Last: Summers		2a DATE KNOWN OF DEATH ESTIMATED ☑ Month 1 Day 10 Year 1969	2b HOUR 4 PM
3 SEX: Male	4. RACE: White	5 DATE OF BIRTH: Oct. 11-1880	6 AGE (in years last birthday) 88 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month Jan. Day 20 Year 1969	2d HOUR 4:35 PM
7a. BIRTHPLACE (State or foreign country): Md.	7b CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		9 COUNTY OF DEATH: Frederick Md	
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life even if not retired): Retired		12b KIND OF BUSINESS OR INDUSTRY: Brush Factory	
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b COUNTY: Frederick	13c CITY OR TOWN: Frederick	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: 4 Clarke Place	
14 FATHER'S NAME First: David	Middle: W.	Last: Summers	15. MOTHER'S MAIDEN NAME First: Annie	Middle:	Last: Rothenhoefer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b SOCIAL SECURITY NO: 214-10-2101-A	17. INFORMANT: Harold C. Summers	ADDRESS: Brunswick, Md. 21716	

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☐ NO ☑
21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No / City or Town / County / State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Robert J Thomas M.D.

EXAMINER'S NAME (Type): Dr. Robert J. Thomas

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b DATE SIGNED: Jan. 20-1969

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: Jan. 23-1969	23c NAME OF CEMETERY OR CREMATORY: Reformed Cemetery	23d. LOCATION (City or Town) (County) (State): Middletown- Md. 21769
24 FUNERAL DIRECTOR: M.R.Etchison & Son	ADDRESS: Frederick, Md.21701	25a REC'D BY REGISTRAR DATE: JAN 22 1969	25b REGISTRAR'S SIGNATURE: [illegible]

VR A15ME (5) 10M REV 1/66

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

3037 — 00868

1. DECEASED-NAME (Type or print) First: MARTIN	Middle: LUTHER	Last: SUMMERS	2a. DATE OF DEATH Month: January Day: 14, Year: 1969 — 2b. HOUR: 5 p.m.
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: February 23, 1891	6. AGE (In years last birthday): 77 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [xx] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Frederick, Md.
10. CITY OR TOWN OF DEATH: Rural Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Route # 9 New Design Road	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired	12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES [ ] NO [x] — 13e. STREET AND NUMBER: Route # 9 Box # 5
14. FATHER'S NAME First: Jacob	Middle: Ezra	Last: Summers	15. MOTHER'S MAIDEN NAME First: Mary — Middle: Ellen — Last: Palmer
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-01-1529A	17. INFORMANT: Mrs. Mary A. Summers	Address: Rt. # 9 Fred. Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic vascular disease — 4 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Carcinoma of prostate.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify that** (I) (this hospital) attended the deceased from July, 1968, to Jan 14, 1969, that (I) (we) last saw the deceased alive on Jan 14, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: LeRoy T. Davis — DEGREE: ATTENDING PHYS. [ ] MED DIRECTOR [ ] STAFF PHYS. [ ]		22c. DATE SIGNED: 1/14/69
22d. PHYSICIAN'S NAME (Type): Dr. LeRoy T. Davis M.D.	22e. ADDRESS: 228 N. Market St. Frederick, Maryland	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-17-1969	23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	23d. LOCATION (City or Town) (County) (State): Frederick, Frederick, Md.
24. FUNERAL DIRECTOR: Robert E. Dailey & Son	ADDRESS: Frederick, Md.	25a. REC'D BY REGISTRAR: JAN 22 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1-68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1087 — 00869

1 DECEASED NAME (Type or print): First DAVID Middle Last SWARTWOOD

2a. DATE OF DEATH: Month 1 Day 17 Year 69

2b. HOUR: 3:15 P.M.

3 SEX: MALE

4. RACE: CAU.

5 DATE OF BIRTH: 12-14-67

6 AGE (In years last birthday): 1 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS.: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): UTAH.

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10 CITY OR TOWN OF DEATH: FREDERICK, Md.

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): FREDERICK MEMORIAL Md.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): NONE

12b. KIND OF BUSINESS OR INDUSTRY: NONE

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md

13b. COUNTY:

13c CITY OR TOWN: FREDERICK

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 520 MILITARY ROAD FREDERICK, Md.

14. FATHER'S NAME First WAYNE Middle Last SWARTWOOD

15. MOTHER'S MAIDEN NAME First SANDRA. Middle Last SWARTWOOD

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16b SOCIAL SECURITY NO. NONE

17. INFORMANT: WAYNE SWARTWOOD. Address: 520 MILITARY Rd. FREDERICK Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Hydrocephalus

3479

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☒ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While ☐ at work Not while ☐ at work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from Jan 16, 1969, to Jan 17, 1969, that (I) (we) last saw the deceased alive on Jan 17, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Edward A. Quigley DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 1/18/69

22d PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 1-20-69

23c NAME OF CEMETERY OR CREMATORY: ALBERT CEMETERY

23d LOCATION (City or Town) (County) (State): MOUNTAINTOP LUZERNE PA.

24. FUNERAL DIRECTOR: Wayne A. Strish ADDRESS 105 NORTH MAIN ST. Ashley, Pa.

25a DATE RECEIVED BY REGISTRAR: JAN 24 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00870

1. DECEASED-NAME (Type or print) First: CHARLES	Middle: DANIEL	Last: TAYLOR	2a. DATE OF DEATH Month: January Day: 26 Year: 1969
2b. HOUR: 1:40 P.M.	3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: November 11, 1905
6. AGE (In years last birthday): 63 YRS.	If UNDER 1 YEAR: MONTHS / DAYS	If UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U, S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 269 W. Fifth Street	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired	12b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 269 W. Fifth Street			
14. FATHER'S NAME First: James	Middle: N.	Last: Taylor	15. MOTHER'S MAIDEN NAME First: Rhoda Middle: Moore Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 705 12 3851	17. INFORMANT: Mrs. L.Alberta Taylor, 269 W.Fifth Street, Frederick, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF (b) ASHD
DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 412.5

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
1+ Second M.I.'s.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (~~this hospital~~) attended the deceased from _____, 19 66, to Jan, 19 69, that (I) (we) last saw the deceased alive on 1/6/69 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry V. Chase DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: Jan. 27,1969	
22d. PHYSICIAN'S NAME (Type): Henry V. Chase, M.D.	22e. ADDRESS: TollHouse Ave. Frederick, Maryland		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 29,1969	23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	23d. LOCATION (City or Town) (County) (State): Frederick Frederick Md.
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland	ADDRESS: Frederick	25a. REC'D BY REGISTRAR DATE: JAN 29 1969	25b. REGISTRAR'S SIGNATURE: J Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 6-15 (M)
30M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 25 14
45M 1 69

3087

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

3871

1. DECEASED-NAME (Type or print) First: IRL Middle: W. Last: THOMAS	2a. DATE OF DEATH Month: January Day: 22 Year: 1969	2b. HOUR 2 PM	
3. SEX: Male	4. RACE: caucasian	5. DATE OF BIRTH: Aug. 15, 1892	6. AGE (In years last birthday) 76 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Frederick, Md
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Fred. Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Ret. B.&O.R.R. Clerk	12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Maryland	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 505 Lee Place
14. FATHER'S NAME First: W. T. Middle: E. Last: Thomas	15. MOTHER'S MAIDEN NAME First: Susan Middle: Last: Hilderbrand		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 705-12-0294	17. INFORMANT: Mrs. Levetta K. Thomas Address: 505 Lee Pl. Fred.Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Pulmonary edema

DUE TO, OR AS A CONSEQUENCE OF (b) Congestive (Heart Failure) Arteriosclerotic

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic (Heart Disease)

412.7

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from 1965, 19 ___, to Jan 22, 1967, that (I) ~~(we)~~ last saw the deceased alive on Jan 19 1967 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: G F Meadors	MD DEGREE	ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]	22c. DATE SIGNED 1/22/69
22d. PHYSICIAN'S NAME (Type): G.F. MEADORS, MD	22e. ADDRESS: 810 Toll House Ave. Frederick, Md		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-25-1969	23c. NAME OF CEMETERY OR CREMATORY: Reformed Cemetery	23d. LOCATION (City or Town) (County) (State): Knoxville, Frederick, Md.
24. FUNERAL DIRECTOR: Robert E. Dailey & Son	ADDRESS: Frederick, Maryland	25a. RECD BY REGISTRAR DATE: JAN 28 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 [4]
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1087. 00872

1. DECEASED-NAME (Type or print) First / Middle / Last: Ruth Dixon Thomas		2a. DATE OF DEATH Month Day Year: Jan. 22 1969	2b. HOUR: M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Oct. 17, 1893	6. AGE (in years last birthday): 75 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Frederick, Md	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Clerk	12b. KIND OF BUSINESS OR INDUSTRY: Gov't.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: Frederick	13c. CITY OR TOWN: Frederick	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ — 13e. STREET AND NUMBER: 501 Elm St.
14. FATHER'S NAME First / Middle / Last: C. Merle Dixon		15. MOTHER'S MAIDEN NAME First / Middle / Last: Fannie Kemp	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 214-10-4290	17. INFORMANT: Mrs. Henry Willmott	Address: Watertown, N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) [illegible] — Approximate interval between onset and death: 3 mo.

DUE TO, OR AS A CONSEQUENCE OF (b) [illegible] — 6 months

DUE TO, OR AS A CONSEQUENCE OF (c) [illegible] — 4 yr.

1123

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 1/4, 1963, to 1/22, 1969, that (I) (we) last saw the deceased alive on 1/21 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James B. Thomas — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): James B. Thomas M.D.	22e. ADDRESS: Frederick, Md.	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-25-69	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery	23d. LOCATION (City or Town) (County) (State): Frederick Fred. MD.
24. FUNERAL DIRECTOR: Salamone Funeral Home	ADDRESS: Frederick, Md.	25a. REC'D BY REGISTRAR: DATE JAN 27 1969	25b. REGISTRAR'S SIGNATURE: [illegible]

C037 06873

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print): First Town Middle Burr Last Titus

2a. DATE OF DEATH: Month Jan. Day 14 Year 69

2b. HOUR: 6:30 P.M.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: Sept. 16- 1884

6. AGE (In years last birthday): 84 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Va.

7b. CITIZEN OF WHAT COUNTRY?: U. S. A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired- Farmer

12b. KIND OF BUSINESS OR INDUSTRY: Farming

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Jefferson

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: ——————

14. FATHER'S NAME: First Burr Middle Town Last Titus

15. MOTHER'S MAIDEN NAME: First Martha Middle Last Howser

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): ——————

16b. SOCIAL SECURITY NO.: 215-36-6834

17. INFORMANT: Frederick Address: Md. 21701
Mrs. Guy Creager-1214 N. Market St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ~~[illegible]~~ Shock — Hrs.

DUE TO, OR AS A CONSEQUENCE OF (b) myocardial infarction — 1 dy

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

4107

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

pneumonia, Diabetes, anemia

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 14 Jan, 1969, to 14 Jan, 1969, that (I) (we) last saw the deceased alive on 14 Jan 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: George I. Smith Jr. M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: Jan. 14-1969

22d. PHYSICIAN'S NAME (Type): Dr. George I. Smith-Jr.

22e. ADDRESS: 804 Toll House Ave.-Frederick-Md.21701

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 17-1969

23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery

23d. LOCATION (City or Town) (County) (State): Lovettsville- Va. 22080

24. FUNERAL DIRECTOR: M.R.Etchison & Son — ADDRESS: Elwood T. Whitmore Frederick-Md.21701

25a. REC'D BY REGISTRAR DATE: JAN 17 1969

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1

00873

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00874

1 DECEASED NAME (Type or print) First: Annie Middle: Virginia Last: Valentine

2a DATE OF DEATH Month: Jan Day: 31 Year: 1969

2b HOUR: 5:00 P.M.

3 SEX: Female

4 RACE: White

5 DATE OF BIRTH: Nov. 10, 1888

6 AGE (In years last birthday): 80 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

7a BIRTHPLACE (State or foreign country): Md.

7b CITIZEN OF WHAT COUNTRY? USA

8 MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 COUNTY OF DEATH: Frederick Md

10 CITY OR TOWN OF DEATH: Emmitsburg RD

11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address): Own Home

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife

12b KIND OF BUSINESS OR INDUSTRY: Own Home

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b COUNTY: Fred.

13c CITY OR TOWN: Emmitsburg

13d INSIDE CITY LIMITS? YES ☐ NO ☒

13e STREET AND NUMBER: RD 2

14 FATHER'S NAME First: Wallace Middle: Moser Last:

15 MOTHER'S MAIDEN NAME First: Catherine Middle: Hollenberry Last:

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown): No (If yes give war or dates of service)

16b SOCIAL SECURITY NO: None

17 INFORMANT: Mrs. Raymond Keiholtz Address: Emmitsburg Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Metastatic Carcinoma Lungs — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO, OR AS A CONSEQUENCE OF

(b) Carcinoma Colon — 2 years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Cerebral thrombosis — 1966

19a. DATE OF OPERATION: June 1967

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma Colon

20a AUTOPSY? YES ☐ NO ☑

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from June, 1956, to June 31, 1968, that (I) (we) last saw the deceased alive on Jan 31 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: W R Cadle MD DEGREE — ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 1 Feb 69

22d. PHYSICIAN'S NAME (Type): W.R. Cadle

22e. ADDRESS: W. Main St. Emmitsburg. Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: 2-3-69

23c NAME OF CEMETERY OR CREMATORY: Mt. Tabor Cemetery

23d LOCATION (City or Town) (County) (State): Rocky Ridge Fred. Co. Md

24 FUNERAL DIRECTOR: Raymond E. Creager ADDRESS: Thurmont, Md.

25a FILED BY REGISTRAR: FEB 6 1969 DATE

25b REGISTRAR'S SIGNATURE

Raymond E. Creager

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4-68) 30M REV. (4-68)

00880

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00875

1 DECEASED-NAME (Type or print) First: Pauline Middle: Vivian Last: Veirtz	2a. DATE OF DEATH Month: Jan. Day: 8 Year: 69	2b HOUR 9:30 A.M.	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Sept. 12- 1909	6. AGE (In years last birthday) 59 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9 COUNTY OF DEATH: Frederick Md.
10 CITY OR TOWN OF DEATH: Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b KIND OF BUSINESS OR INDUSTRY: ----
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Frederick	13c CITY OR TOWN: Frederick	13d INSIDE CITY LIMITS? YES [ ] NO [X]
13e STREET AND NUMBER: Route 8			
14. FATHER'S NAME First: Lewis Middle: F. Last: Blank	15 MOTHER'S MAIDEN NAME First: Bertie Middle: Last: Summers		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service) ----	16b SOCIAL SECURITY NO: 217-18-8929	17 INFORMANT: Edward O. Veirtz	Address: Route 8-Frederick-Md.21701

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial infarction	4 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic cardiovascular disease with	6 years.
DUE TO, OR AS A CONSEQUENCE OF (c)	Congestive heart failure	2 months.

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES [ ] NO [X]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from July, 1968, to Jan 8, 1969, that (I) (we) last saw the deceased alive on Jan 8 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: LeRoy T. Davis DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]		22c DATE SIGNED: Jan 8, 1969
22d. PHYSICIAN'S NAME (Type): LeRoy T. Davis	22e. ADDRESS: Prof. Bldg.-Frederick-Md. 21701	

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 11-1969	23c. NAME OF CEMETERY OR CREMATORY: Rocky Springs Cemetery	23d LOCATION (City or Town) (County) (State): R. of Frederick, Md. 21701
24 FUNERAL DIRECTOR: Elwood T. Hitchison & Son	ADDRESS: Whitmore Frederick, Md.21701	25a. RECD BY REGISTRAR DATE: JAN 10 1969	25b. REGISTRAR'S SIGNATURE: [signature]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 4-68

00881

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00876

1. DECEASED-NAME (Type or print) First: Gordan Middle: NMN Last: Washington

2a. DATE OF DEATH Month: January Day: 18 Year: 1969

2b. HOUR: 6:50 PM

3. SEX: Male

4. RACE: Negro

5. DATE OF BIRTH: Sept. 14-1936

6. AGE (In years last birthday): 32 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Frederick

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. COUNTY OF DEATH: Frederick Md.

10. CITY OR TOWN OF DEATH: Frederick

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Frederick Memorial Walter

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Frederick

13c. CITY OR TOWN: Fred.

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: Lincoln Apts - Fred. Md

14. FATHER'S NAME First: Gordan Middle: NMN Last: Washington

15. MOTHER'S MAIDEN NAME First: Gladys Middle: NMN Last: Harris

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 211-26-3450

17. INFORMANT: Gladys Harris Address: 356 Oak Lane York Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Embolism (Thrombotic) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF

(b) Thrombophlebitis — 1 month

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4519

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☒ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 18 Jan, 1969, to 18 Jan, 1969, that (I) (we) last saw the deceased alive on 18 Jan 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: George I. Smith Jr M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 19 Jan 69

22d. PHYSICIAN'S NAME (Type): George I. Smith, Jr

22e. ADDRESS: 804 Toll House Ave Fred. Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-23-69

23c. NAME OF CEMETERY OR CREMATORY: Lebanon

23d. LOCATION (City or Town) (County) (State): North York - Pa.

24. FUNERAL DIRECTOR: W. Russell Chapman

ADDRESS: York - Pa

25a. REC'D BY REGISTRAR DATE: JAN 21 1969

25b. REGISTRAR'S SIGNATURE: Charles Jurgen

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, detach carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

00882

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

Item1 Film G409 1/29/69 kk

00877

1. DECEASED-NAME (Type or print) First: Clarence Middle: Thomas Last: Whiten a/k/a Weedon
2a. DATE OF DEATH Month: January Day: 16 Year: 1969
2b. HOUR: 1 P M
3. SEX: Male
4. RACE: Negro
5. DATE OF BIRTH: 5-6-1932
6. AGE (In years last birthday): 36 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Frederick Md.
10. CITY OR TOWN OF DEATH: Sunnyside
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rt 4 Basford Road
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): None
12b. KIND OF BUSINESS OR INDUSTRY: ******
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY: Frederick
13c. CITY OR TOWN: Sunnyside
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Rt 4 Basford Road
14. FATHER'S NAME First: Clarence Middle: NMN Last: Whiten
15. MOTHER'S MAIDEN NAME First: Nellie Middle: NMN Last: Weeden
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service): ******
16b. SOCIAL SECURITY NO.: None
17. INFORMANT: Thomas Weeden Basford Rd Rt 4 Address: Fred Co

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

3479

IMMEDIATE CAUSE (a) Chronic central nervous system disease with tremors + involuntary movements — 23 yrs

DUE TO, OR AS A CONSEQUENCE OF (b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 1956, to 1-16-1969, that (I) (we) last saw the deceased alive on July 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Rex R. Martin DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): Rex R. Martin
22e. ADDRESS: 220 N. Market St, Frederick, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-19-1969
23c. NAME OF CEMETERY OR CREMATORY: Sunnyside Church
23d. LOCATION (City or Town) (County) (State): Sunnyside Fred. Md
24. FUNERAL DIRECTOR: C. E. Hicks, 111 Frederick, Md ADDRESS
25a. REC'D BY REGISTRAR DATE: JAN 21 1969
25b. REGISTRAR'S SIGNATURE: Charles Yingling

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68